



# **Application Form Asbestos Removal Licence: Class A**

Work Health and Safety Act 2020 (the Act)
Work Health and Safety (General) Regulations 2022 (the Regulations)

#### How to complete this application

- 1. Read the application form in full to understand all of the information required
- 2. Complete the application form in full
- 3. Gather all required attachments, such as certificates of attainment
- 4. Use the provided checklist to check the application is complete
- 5. Submit the application along with payment of the required fee

For assistance completing this application:

Phone: 1300 424 091

How to submit this application

303 Sevenoaks Street, Cannington

Office opening hours: 8.30am - 4.30pm, Monday to Friday

Email: Worksafelicensing@lgirs.wa.gov.au

Submission method	Application fee
Submit your application and pay online: <a href="https://onlineforms.dmirs.wa.gov.au/#/form/63ef32b7895bd91abcdba7fa/app/688983ac2facde1b60740153">https://onlineforms.dmirs.wa.gov.au/#/form/63ef32b7895bd91abcdba7fa/app/688983ac2facde1b60740153</a>	Pay by credit card online
Licensing Services Department of Local Government, Industry Regulation and Safety Locked Bag 14 Cloisters Square PERTH WA 6850	Attach Application Payment Form
Department of Local Government, Industry Regulation and Safety Level 1, Mason Bird Building	www.wa.gov.au/media/ 49956/download?inline

\*Fees are reviewed annually and are subject to change without notice. Current application fees can be found on the WorkSafe website

OFFICE USE ONLY					
Total Fee	\$	Department Code	WR	Chart Description	☐ Asbestos class A – New application





### PART 1: APPLICANT DETAILS

Application type						
Body Corporate		☐ Indiv	☐ Individual			
	Applicant Details					
		Body Corporate	details <i>if appl</i>	licable		
Registered Compar	ıy name					
ACN (Australian Comp	ACN (Australian Company Number)					
		Individual De	etails <i>if applica</i>	ble		
Family name						
Given name						
Date of birth				Place of birth		
Proof of ident	ity document/s	s attached. Refer to p	proof of identity	requirements at	the end o	f form for details
		Conta	ct Details			
Business Name (if a	pplicable)					
Business nan	ne extract atta	ched (if applicable)				
Registered or Resid	lential	Street address				
		Suburb			Postcode	
Postal address (if different to registered or residential		Postal address				
address)		Suburb			Postcode	
Mobile phone no.			Phone no. (da	ay)		
Email address				·		
Interstate application justification						
Body corporates or individuals who are located or reside outside of WA are required to provide details to justify the grant of the licence. Attach a document detailing why you require a licence in WA you are an interstate applicant.						
Statement justifying application attached (if applicable)						





### PART 2: SAFE WORK

#### **Certified safety management system**

Applicants must attach evidence that there is a safety management system (SMS) in place, certified compliant with AS/NZS ISO 45001:2018.

Evidence of certification of a safety management system can be provided in one of three ways:

- 1. A certificate of certification of the applicants safety management system (SMS) which Can be validated by searching the JAS-ANZ register: https://register.jasanz.org/certified-organisations or
- 2. A certificate of certification of the applicants SMS which has been issued by an accredited auditor who is listed on the Exemplar Global directory: https://exemplarglobal.org/certification-overview/ or
- 3. Written confirmation from a person or organisation who is a qualified SMS auditor, that the applicants SMS meets the required standard and which is accompanied by satisfactory evidence of the auditor's qualifications to assess the system against the relevant standard.

The evidence provided must

- 1. Relate to the applicant
- Reference that the SMS relates to asbestos removal
   Be less than three years old
- 4. Certify or confirm that the SMS complies with AS/NZS ISO 45001:2018 (Occupational health and safety management systems — Requirements with guidance for use)

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	Evidence of certified safety management system attached

#### **Specialist Equipment Questions**

A Class A asbestos removal licence holder must ensure the availability and use of specialist safety equipment.

To demonstrate how you will ensure access you are required to provide evidence that you have access to the following safety and minor equipment and consumables.

	Safety equipment			
Equipment item	Describe how you will ensure access to this equipment:  Owned or leased? If leased from who?  Make and model if known			
High Efficiency Particulate Absorbing filter H Class Vacuum – Dispersed Oil Particulate (DOP) tested				
Negative Pressure Unit (NPU) – Dispersed Oil Particulate (DOP) tested				
Decontamination Unit (DCU)				
Filtration shower unit				
Powered Air Purifying Respirator – fit tested				





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Safety equipment			
Equipment item	Describe how you will ensure access to this equipment:  Owned or leased? If leased from who?  Make and model if known		
Full face/half face respirators – fit tested			
Signage/barricading			
Means of communication – not phone for enclosures			
Lights			
Generator/independent power source			
Mobile work platforms/scaffolding			
Minor equipment and consumables			
Question: Provide details of the typical minor equipment and consumables you will make available for Class A			

Minor equipment and consumables				
Question: Provide details of the typical minor equipment and consumables you will make available for Class A asbestos removal work.				
Answer:				



## PART 3: NOMINATED SUPERVISORS





# PART 4: PROBITY AND DECLARATION

Probity questions				
For help understanding these questions visit: <a href="https://www.wa.gov.au/media/50716/download?inline">https://www.wa.gov.au/media/50716/download?inline</a> or call 1300 424 091.				
Do you have a current asbestos removal licence in another State/Territory in Australia?				
Yes: □ No: □				
Have you, the body corporate or any of the officers of the body corporate, ever been convicted or found guilty of an offence under Work Health and Safety legislation in Australia?				
Yes: □ No: □				
3. Have you, the body corporate or any of the officers of the body corporate, ever been convicted or found guilty of any offence in relation to the unlawful disposal of hazardous waste under the <i>Environmental Protection Act 1986</i> ?				
Yes: □ No: □				
4. Have you, the body corporate or any of the officers of the body corporate, ever entered into an enforceable undertaking under Work Health and Safety legislation in Australia?				
Yes: □ No: □				
5. Have you, the body corporate or any of the officers of the body corporate, ever been refused an asbestos removal licence in Australia?				
Yes: □ No: □ N/A: □				
6. Have you, the body corporate or any of the officers of the body corporate, previously held an asbestos removal licence in Australia which had conditions imposed on it, or which was suspended or cancelled?				
Yes: □ No: □				
7. Have you, the body corporate or any of the officers of the body corporate, ever been disqualified from applying for an asbestos removal licence in Australia?				
Yes: □ No: □				
If you answered 'yes' to any of the above questions, attach details. A 'yes' response will be considered by the WorkSafe Western Australia Commissioner on the facts presented, and may not affect your application to be licensed.				
N/A: □ Attached: □				





#### **Declaration**

	. I declare that the information and documents I have provided in support of this application are true and correct.			
2. I give consent to the WorkSafe Commissioner, or persons so directed, to obtain on my behalf any document, record, file, or information that may be necessary and relevant to consider this application.				
Declaration of ind	ividual applicant			
Full Name:				
Signature:				
Declaration of Bo	dy Corporate applicant			
Note: As per Section 127	of the Corporations Act 2001 must be signed by			
Two company D				
	ctor and Company Secretary, or r where that person is also the company secretary or there is no company secretary			
Position:				
Full Name:				
Signature:				
Position:				
Full Name:				
Signature:				

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## **CHECKLIST**

App	Application checklist					
✓	Please ensure you have provided/completed each of the following:					
PART	PART 1: APPLICANT DETAILS					
	Applicant details completed in full					
	Business name extract attached (if applicable)					
	If you reside or are located interstate, details of circumstances which justify grant of the licence are attached (if applicable)					
PART	2: SAFE WORK					
	Copy of current safety management system certification attached					
	Safety equipment details provided					
	Minor equipment and consumables question answered					
PART	3: NOMINATED SUPERVISORS					
	Availability of nominated supervisors questions answered					
	Notifications for all asbestos removal work completed during the term of the licence have been submitted in accordance with the regulations (If notification was mandatory at the time the work was completed)					
	Supervisor Nomination forms for each nominated supervisors attached					
	Statements of Attainment attached for each nominated supervisor in the following courses:					
	<ol> <li>CPCCDE4008 - Supervise asbestos removal course</li> <li>CPCCDE3015 - Remove friable asbestos</li> </ol>					
PART	PART 4: PROBITY AND DECLARATION					
	All probity questions answered					
	Supporting documents provided (if required)					
	Declaration signed					





### **Proof of Identity Requirements**

To establish proof of identity provide **ONE** primary document or at least **THREE** secondary documents from the documents listed below. At least one of those documents must evidence the age of the nominated supervisor (at least 18 years).

For more examples please refer to the Applicant Guide – Application for an Asbestos Removal Licence

Primary Identification	Secondary Identification
Australian Passport – Current or expired within the last two years, but not cancelled	Birth certificate or certified extract
A current driver's licence, learners permit or any other photographic identity document issued under Australian Law	Australian Citizenship or naturalisation document
International Passport or other documents with same characteristics of Passport Current, not expired or cancelled	Current entitlement card issued by a State or Commonwealth Government department (for example, a Medicare, Pension, Health or Veteran)
Current International Driver's Licence or an overseas driver's licence recognised by the WA Department of Transport (in English or translated in English)	Utility bill (for example Telephone, gas or electricity account) not more than 12 months old
Police and Defence identification cards	Water, local rate notice or land valuation notice not more than 12 months old
State or Commonwealth employee photo identification card with DOB	Electoral enrolment card or other evidence of enrolment not more than two years old
Western Australian Photo Card (formerly Proof of Age)	Student Identification Card (Secondary/Tertiary)

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### **Supervisor Nomination Form**

#### How to complete this form

- 1. Print and complete a separate supervisor nomination form for each person nominated
- 2. Complete the details of the person nominated
- 3. Complete the statement of experience details
- 4. Attach proof of identity for the person nominee
- 5. Attach copies of certification
- 6. Attach references

8. Have the person nominated sign the declaration						
Details of person nominated						
Family Name						
Given Name/s						
Date of Birth				Place of birth		
Residential Address		Street				
			Suburb		Postcode	
Mobile phone no.	phone no.		,	Phone no. (day)		
Email address						
Certification						
Attach Statements of Attainment for the following courses issued by a Registered Training Organisation (RTO)						
CPCCDE4008 - Supervise asbestos removal						
CPCCDE3015 - Remove friable asbestos						
Proof of Identity						
Proof of identity documents attached						
Already approved as nominated supervisor						
If the person nominated as supervisor has been previously approved as a nominated survivor, within the last 3 years:						
<ul> <li>by another state or territory licensing authority. or</li> </ul>						

Application Class A Asbestos Removal New

experience.

evidence of this approval can be submitted and may be considered as an alternative to providing a statement of

for another Class A asbestos removal licence holder in WA



#### **Statement of Experience Instructions**

Each nominated supervisor for Class A asbestos removal licence applications must be able to demonstrate at least three (3) years of relevant industry experience. To evidence the required level of experience each supervisor nomination should include details of at least <u>six (6)</u> different asbestos removal works which:

- occurred within the last three (3) years,
- · were completed by a person or organisation licensed to remove asbestos at the time
- include at least three (3) examples of friable asbestos removal work
- include details of a referee for reference checking of the work
- include sufficient evidence of their completion of the work such as:
  - a. the asbestos removal control plan used,
  - b. tool box talk notes,
  - c. Safe Work Method Statements.
  - d. contracts of work,
  - e. invoices,
  - f. tip receipts,
  - g. photographs
  - h. air monitoring reports, or
  - i. clearance certificates.

To assist applicants a statement of experience (SOE) template is provided below.

#### **IMPORTANT:**

- Examples of different types of friable asbestos removal that can be used include:
  - a. Sprayed insulation/coating including under vermiculite
  - b. Paperbacked vinyl/vinyl tiles with blackjack adhesive
  - c. Low density fibreboard (LDFB)
  - d. Fire damaged
  - e. Contaminated Soil
  - f. Gaskets/ropes/seals
  - g. Lagging on pipes
  - h. Heater banks
  - i. Bitumised material on water pipes
  - i. Asbestos containing dust (ACD)
- Examples of work will not be accepted as evidence of the nominated supervisors experience where:
  - o a licence was required but the removalist was not licensed,
  - o the asbestos removal was not notified to the Department prior to the work being completed, or
  - o the licence holder did not have an approved nominated supervisor at the time of the removal.
- Additional detail or additional examples of experience may be requested. Providing as much evidence of
  experience as possible will assist the application.
- Each example provided will be validated by contacting referees to confirm the role of the applicant in the work.

A credible and independent person is not:

- a relative:
- under potential conflict (your employee);
- a co-worker or subordinate worker; or
- an office manager or HR manager.

NOTE: If the person nominated is an existing approved nominated supervisor who has been conducting work under an existing Class A asbestos removal licence (regardless of jurisdiction) examples of experience are not required to be provided and the nominated supervisor may be approved subject to confirmation of an appropriate compliance history. If the person is an existing approved nominated supervisor please attached details of this approval.





Statement of Experience					
Example 1 of 6 (friable)					
Project Start Date	Project End Date				
Address/location					
Type of Asbestos removed	Quantity of asbestos removed				
Type of Structure		Height of structure/building			
Asbestos Removal Lice	nce Number				
	S	Supporting Details			
The assessing officer w completed.	ill reference asbestos re	emoval work notification recor	ds to confirm the work was		
		<del>_</del>	on a business letterhead document and role in completing the work.		
Example 2 of 6 (friable)					
Project Start Date		Project End Date			
Address/location					
Type of Asbestos removed	Quantity of asbestos removed				
Type of Structure		Height of structure/building			
Asbestos Removal Lice	nce Number				
	S	Supporting Details			
The assessing officer w completed.	ill reference asbestos re	emoval work notification recor	ds to confirm the work was		
			on a business letterhead document and role in completing the work.		





Example 3 of 6 (friable)					
Project Start Date		Project E	nd Date		
Address/location					
Type of Asbestos removed	Quantity of asbestos removed				
Type of Structure	Height of structure/building				
Asbestos Removal Licence Number					
Supporting Details					
The assessing officer wo	ill reference asbestos ı	removal wo	ork notification record	ds to confirm the work was	
Reference letter from an employer or organisations, dated and signed on a business letterhead document including: asbestos removal licence number, details of your responsibilities and role in completing the work.					
Example 4 of 6 (friable or non-friable)					
Project Start Date		Project E	nd Date		
Address/location					
Type of Asbestos removed		Quantity of asbestos removed			
Type of Structure		Height of structure/building			
Asbestos Removal Licence Number					
Supporting Details					
For work conducted prior to 1 April 2022 attach evidence of experience. Such as asbestos removal control plans; air-monitoring reports; smoke tests; clearance certificates; and safe work method statements.					
Reference letter from an employer or organisations, dated and signed on a business letterhead document including: asbestos removal licence number, details of your responsibilities and role in completing the work.					





Example 5 of 6 (friable or non-friable)				
Project Start Date	Project End Date			
Address/location				
Type of Asbestos removed	Quantity of asbestos removed			
Type of Structure	Height of structure/building			
Asbestos Removal Licence Number				
Supporting Details				
		attach evidence of experi arance certificates; and s		Such as asbestos removal control ork method statements.
Reference letter from an employer or organisations, dated and signed on a business letterhead document including: asbestos removal licence number, details of your responsibilities and role in completing the work.				
Example 6 of 6 (friable or non-friable)				
	Example 6	of 6 (friable or no	n-fr	iable)
Project Start Date	Example 6	of 6 (friable or no	on-fr	iable)
Project Start Date  Address/location	Example 6	-	on-fr	iable)
-	Example 6	-	on-fr	iable)
Address/location  Type of Asbestos	Example 6	Project End Date  Quantity of asbestos		iable)
Address/location  Type of Asbestos removed		Project End Date  Quantity of asbestos removed		iable)
Address/location  Type of Asbestos removed  Type of Structure	nce Number	Project End Date  Quantity of asbestos removed		iable)
Address/location  Type of Asbestos removed  Type of Structure  Asbestos Removal Lice	nce Number	Project End Date  Quantity of asbestos removed  Height of structure/build	ling ence.	Such as asbestos removal control





Declaration by Nominated Supervisor Applicant					
the information supple knowledge	(print name) hereby declare:				
<ul> <li>I consent to WorkSa</li> </ul>					
<ul> <li>I consent to WorkSa</li> </ul>	afe contacting my referees to verify my evidence of experience				
Signature of nominated supervisor applicant					

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