



WORKSAFE VICTORIA

ASBESTOS REMOVAL LICENCE - NOMINATION OF ADDITIONAL SITE SUPERVISOR

June 2007

Office use
only checklist
(please circle)

Please refer to General Information and Instructions at the end of this form for guidance on completing and submitting this application.

1. Licensee Details

Name of Licence Holder (as it appears on the Licence)

Licence Number

Name of Contact Person

Telephone Number

Facsimile

Email

Details
verified
to ID?

Y N

ID ref

2. Training

Proof of training MUST be in the form of course certificates, letters from training providers or other suitable training institutions.

Attach copies of proof of training in asbestos for the supervisor and include details of the following:

- Course name
- Date(s) of course completion
- Type/Scope of course eg. – Friable and non-friable asbestos removal
 - Non-friable asbestos removal only
 - Other: Removal of specific type of asbestos removal (eg. Water pipes, telecommunications pits and pipes, gasket removal.)

Are training
details
attached?

Y N

3. Supervisor

Provide the name and details for each site supervisor including details of their experience in asbestos removal work activities on the following page.

A separate form must be completed for each additional supervisor.

Note:

- Site supervisors must have at least two years experience in asbestos removal work.
- Provide details of at least six asbestos removal projects (if six projects have not been provided, advise reason in writing).
- Projects for non-specific Class A applicant should include a minimum of four friable asbestos removal jobs.
- Projects for non-specific applicant should, as far as possible, show removal of a range of different asbestos containing material and in different quantities.
- Provide contact name and phone numbers of the client for each project.
- Projects shown should not be more than two years old.

Are site
supervisor
details
complete?

Y N

3. Supervisor (cont.)

Site Supervisor's Name

Years of Experience in Asbestos Removal

Project Name and Removal Address	Client Contact Person and Telephone Number	Project dates (Start/Finish)	Supervisor's direct employer	Friable or Non-friable indicate type of Asbestos-containing material, for example, ac sheeting, lagging, vinyl tiles, ac pipes, gaskets)	Quantity of Asbestos Removed (m ² or m ³)
1.					
2.					
3.					
4.					
5.					
6.					

Note: A Separate form must be completed for each additional supervisor.

4. Declaration by Applicant

I declare that, to the best of my knowledge, the information provided in this nomination and supporting this nomination is true and correct in every particular.

I declare that where I provide personal information to the VWA about any other individual, I am authorised to provide that information, the information has been collected in accordance with the Information Privacy Act 2000 (Vic) and the individual has been or will be made aware of the VWA's identity and how to contact it and of the other matters of which an individual is required to be made aware when personal information is collected about them.

Signature of Licence Holder

Date

Witnessed by (signature) - witness must be at least 18 years of age

Print Name of Witness

Telephone

Declaration signed and dated?

Y N

Witnessed?

Y N

WARNING: The provision of false and misleading information is an offence under the legislation.

Use this checklist to ensure that your application is complete:

- Completed, signed and witnessed application form;
- Evidence of training attached;
- Completed Identification form (either Non-Individual or Natural Person);

NOTE: Unsigned or incomplete applications or applications not accompanied by the required documentation cannot be processed and may be returned.

General Information and Instructions

1. The VWA cannot process applications from a person whose identity has not been verified. If you have not previously done so, you must complete and submit an Identification Form – Natural Person / Identification Form – Non-Individual with this application.
2. A request to remove a nominated site supervisor from an existing licence can be made in writing, by the licence holder, to the Manager, Licensing Branch.

NOTE: Verification of identity is required for the licence holder only.

Collection of Personal Information

Personal information collected by the VWA in connection with this application will be used for the purpose of assessing the application and administering the licence. The information may also be used for the administration and enforcement of legislation administered by the VWA, administration and evaluation of the VWA's programs generally and legal proceedings. The VWA may disclose personal information to its contractors and agents; to a court or tribunal; to other regulatory agencies (including police, for the purposes of investigating or conducting an interview in connection with the application) and to any person authorised by the individual to whom it relates, or by law, to obtain it.

The VWA maintains a publicly available database of licence holders. The VWA may publish this information on the VWA website. You may ask us not to publish information about your licence status on the website by sending your request, in writing, to the Manager, Licensing Branch.

The VWA may disclose a person's licence status to employers or prospective employers and members of the public who wish to check this status. Collection of this information may be required by Victorian occupational health and safety legislation.

If you do not provide any or all of the information, your application may not be accepted or processed.

You have rights to have access to any personal information the VWA holds about you. You should contact the VWA Freedom of Information Unit. You can access the VWA Privacy Policy at www.workcover.vic.gov.au.

Contact Details

Submit your completed application form and all supporting documentation to:

WorkSafe Victoria Telephone: 1300 852 562
Licensing Branch Facsimile: 1800 060 727
GPO Box 4293 Email: licensing@workcover.vic.gov.au
Melbourne Vic. 3001

Further information relevant to this licence is available on our website www.workcover.vic.gov.au

Nomination Accepted?

Y N

Licence No.

Date of issue

/ /

Officer signature

Audited by

Date audited

/ /