### Form 99

# Application for renewal of licence to carry out demolition work

V07.02.24

This form is to be completed in accordance with the information papers D1 'Approved criteria for a certificate to carry out demolition work' and D2 'Requirements to supervise demolition work' available at **WorkSafe.qld.gov.au** or by calling 1300 362 128.

It is important to remember that an application for renewal needs to be made before the licence expires.

1. Applicant details									
Demolition licence number:									
Only a person who conducts a bu	isiness or undertaking in	which demolition w	ork is carried o	ut may app	ly for a de	emolitio	n work	< lice	nce.
Full legal name of organisation (e	e.g. sole trader, partnersh	ip or corporation)							
Business/trading name/s (If the	licence applicant (above)	is trustee for a trust	, include the n	ame of trus	t here)				
Principal business address (must	be an Australian address	and not a PO Box)							
Unit/building no.	Street no.	Street name							
Suburb/town/locality			State			Posto	code		
The ABN or ACN must be attached	d to the legal name entere	ed above (please no	te, a corporati	on must sur	oply an AC	CN)			
ABN		ACN							
Note: If your ABN or ACN has cha	nged. a new Form 76 – Ap	pplication for demol	tion licence w	ill need to b	e submitt	ed.			
Contact person	, ,	•							
Title:									
First name Middle name (if applicable Surname									
Phone (including area code)		Fax number (incl	uding area cod	le)					
Mobile	Email								
Postal address (must be an Austr	ralian address and not a P	O Box)							
Cross this box if the postal ac	ddress is the same as the	address above							
PO box number:	GPO box number:	Private	oag number:		Locke	ed bag ı	numbe	er:	
Suburb:		State			Post	code:		-	



# 2. Additional information

No		Voc	(If yes, provide details)
NO		165	(ii yes, provide details)
	e in Act	relat <i>2011</i>	his licence, has the applicant (or in the case of a corporate body, any officer of the corporate body) been found guilty of ion to the unlawful disposal of hazardous waste under the <i>Environmental Protection Act 1994</i> or the <i>Waste Reduction and</i> ?  (If yes, provide details)
uring th	ie life	e of t	his licence has the applicant (or in the case of a corporate body, any officer of the corporate body) been disqualified from
	ın eq	uiva	lent licence by another state or territory or the Commonwealth work health and safety regulator?  (If yes, provide details)
INO		165	(ii yes, provide details)
uspende	ed or	can	(or in the case of a corporate body, any officer of the corporate body) previously had an equivalent licence refused, celled under the <i>Work Health and Safety Act 2011</i> or Work Health and Safety Regulation 2011 or the repealed <i>Workplace Act 1995</i> or under the work health and safety law of another state or territory or the Commonwealth?
No			(If yes, provide details)
nforceal	ble u	nder	his licence, has the applicant (or in the case of a corporate body, any officer of the corporate body) entered into an rtaking under the Work Health and Safety Act 2011 or Work Health and Safety Regulation 2011 or the repealed Workplace Act 1995 or under the work health and safety law of another state or territory or the Commonwealth?
No		Yes	(If yes, provide details)
			(or in the case of a corporate body, any officer of the corporate body) previously held a similar licence under a correspondin afety law in respect of which a condition has been imposed?
No		Yes	(If yes, provide details)

During the life of this licence, has the applicant (or in the reassessment or taken any other action required under a			porate body) obtain	ed any training or
No Yes (If yes, provide details)	·			
3. Nominated supervisor declaration				
I declare that the nominated supervisor/s for the lice each nominated supervisor is at least 18 years old.	cence have maintained co	mpetency to carry out	work authorised un	der this licence and
4. Evidence required				
Upon submission of your application we will review noti Notification of licenced asbestos removal work, demoliti scope of licensed demolition work authorised on the lice your current licence, we will request further information	ion work or emergency del ence. If we are unable to lo	molition). Notifications	s are required to sho e (3) notifications ov	w evidence of the
5. Insurance				
You must attach proof of holding the following current in	nsurance:			
Public liability insurance				
Name of insurer/underwriter		Policy number	Issue date	Expiry date
Workers' compensation insurance (if applicable)				,
Name of insurer/underwriter		Policy number	Issue date	Expiry date
The name of insured on the evidence provided must be to	the same as the legal nam	e of the applicant as s	tated in Section 1 of	this application.
6. Documentation required				
I have enclosed a copy of evidence (certificate) certi	fuing my safaty managam	ant system is complian	at with AS (201,200)	or AS/N7S ISO
45001:2018 or equivalent safety management system Exemplar Global (previously known as RABQSA) cert	m. Certification may be ma	ade by a JAS-ANZ accre	edited conformity as	sessment body,
7. Declaration by applicant				
Please note: The declaration must be signed by each inc declaration for each individual and submit with the appl		or unincorporated ass	sociation. Copy and	complete the
I declare that:				
I have authority from the corporate body to complete	te and submit this applica	tion (corporate body a	pplicants only).	
The applicant does not hold an equivalent licence g	ranted by a corresponding	regulator under a cor	responding work he	alth and safety law.
• The information supplied in this application is true	and correct to the best of i	ny knowledge.		
In making this application I have not failed to provide.	de any material informatio	n relating to the matte	rs addressed above	
I acknowledge that it is an offence under the Work I application or in any documents submitted in support.		to provide false and r	nisleading informati	on in this
I consent to Workplace Health and Safety Queensla in other states, territories or the Commonwealth reg			n with work health a	nd safety regulators
• I understand the details of my demolition licence wi	ill be published by WHSQ.			
I agree to my contact details being included in the publis	shed information. No	Yes		
Applicant signature	Full name			Date
	1			ı

#### 8. Fee

payment of the prescribed non relevant fee is specified online	-refundable application	fee must be included. Failure	e to do so will delay the proces	•				
I have enclosed a cheque o	or money order (cheques	s should be made out to Offic	ce of Industrial Relations)					
or								
I will pay by credit card								
A payment link will be sent from:	no-reply@bpoint.com.au	ı						
Please tick this box if you want a receipt sent to you.								
Address to send the receipt (if different from address stated in Section 1):								
Unit/building no.	Street no.	Street name						
Suburb/town/locality			State	Postcode				

# 9. Returning the form

Scan and email: WHSQLicensing@oir.qld.gov.au

Post: Licensing and Regulatory Interventions

Workplace Health and Safety Queensland PO Box 820 Lutwyche QLD 4030

# **Privacy statement**

The Queensland Government is collecting your personal information in order to process your application in accordance with the Work Health and Safety Act 2011. It is the usual practice to disclose this information to the applicable Commonwealth, state or territory health and safety regulator/s in order to obtain information relevant to making a decision on your application. The Queensland Government may also disclose your licence status to employers or prospective employers and members of the public who wish to check this status.

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**(** 1300 362 128

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