

# APPLICATION FOR REPLACEMENT ASBESTOS LICENCE DOCUMENT



Use this form to apply for a replacement asbestos removal or assessor licence document if your licence document has been lost, stolen or destroyed.

This application is the notification required under regulation 80(1) of the Health and Safety at Work (Asbestos) Regulations 2016.

## Licence holder details

|  |
|--|
| Name of licence holder:<br><i>(as it appears on licence)</i> |
| Licence number:  |

Physical address:

|              |                |                |
|--------------|----------------|----------------|
| Level/unit:  | Building name: | Street number: |
| Street name: | Suburb:        |                |
| Town/city:   | Postcode:      |                |

Postal address:  Same as above

|              |                |                |
|--------------|----------------|----------------|
| Level/unit:  | Building name: | Street number: |
| PO Box:      |                |                |
| Street name: | Suburb:        |                |
| Town/city:   | Postcode:      |                |

## Contact person

|             |               |            |
|-------------|---------------|------------|
| Title:      | First name:   | Last name: |
| Work phone: | Mobile phone: |            |
| Email:      |               |            |

## Declaration

|  |                            |                              |                                 |
|--|----------------------------|------------------------------|---------------------------------|
| Reason for replacement licence document application: | <input type="radio"/> Lost | <input type="radio"/> Stolen | <input type="radio"/> Destroyed |
|--|----------------------------|------------------------------|---------------------------------|

Briefly describe the circumstances in which the original document was lost, stolen or destroyed.

## Supporting evidence

If applicable, provide the police report number, insurance claim number, etc.

## APPLICATION FOR REPLACEMENT ASBESTOS LICENCE DOCUMENT

Tick next to each statement to declare it correct:

I declare that, to the best of my knowledge, the information provided in this application is true and correct.

I confirm that I have the authority to make this application.

Name:  
*(first name, last name)*

Date:

Designation:

*Note: the above declaration is considered to be an electronic signature that is reliable as appropriate for the purpose of this application.*

### Where to email your completed form

Fill in the PDF version (or print, complete and scan this form). Once completed, email it to WorkSafe New Zealand:

asbestos@worksafe.govt.nz

### Fees and how to pay

The following fee applies to replace a licence document:

**Application for replacement licence document** — \$120.00 incl GST

Fee payment can be made by internet banking or over the counter at any Westpac branch.

**Note** — WorkSafe offices cannot take cash, cheque, or card payments.

How to pay:

- Account name: **WorkSafe New Zealand**
- Bank: Westpac Account **03-0251-0040445-000**
- Ensure you enter:
  - 'asbestos' in the particulars, and
  - either the company name or the licence holder's name as the reference.

If you don't do this, your payment cannot be tracked and you may be asked to pay again.

A receipt will be sent to you as soon as your payment has been processed.