



NSW LICENCE APPLICATION FORM

*Licensing of Certain Activities – Clause 149 (1) (c)-(h)
Coal Mine Health and Safety Regulation 2006*

EXPLANATORY NOTES

This form is to be used to apply for a licence to conduct activities specified in sub-clause 149(1) of the *Coal Mine Health and Safety Regulation 2006*. Application can be made by an individual or a corporation.

LODGEMENT INSTRUCTIONS

1. You must complete all sections of this form.
2. You must lodge your application with New South Wales Department of Primary Industries (NSW DPI) at the address below.
3. You must sign each page of this application.
4. You must sign and date the declaration on the last page.

APPLICATION CHECKLIST

Please tick the appropriate box to ensure that your application is complete and secure prior to submission.

| CHECKLIST | TICK |
|---|------|
| Application form (this form) completed and properly signed | |
| If an individual, proof that you are 18 years of age or over | |
| Proof of identity documents | |
| Where applicable, a letter from the organisation authorising you to apply for this licence. | |
| Evidence of relevant training | |

OVERALL TOTAL OF 100 POINTS REQUIRED

APPLICABLE POINTS FOR IDENTIFICATION DOCUMENTS

PRIMARY IDENTIFICATION DOCUMENT

- Birth certificate, citizenship certificate or passport **Only one can be used**
(Passport must be current or expired within the last two years, but not cancelled) 70 points

SECONDARY IDENTIFICATION DOCUMENTS

- A licence issued under Australian law (eg a driver's permit or licence) which contains a photograph or signature 40 points
- Utility bill in applicant's name (eg council rates notice, water, power or phone account, etc) 25 points
- Medicare card 25 points
- Credit or debit card, passbook or account statement from a financial institution (only one per financial institution can be counted) 25 points
- Overseas driver's licence 25 points



PRIVACY COMPLIANCE STATEMENT

This information is collected by NSW DPI for the purposes of undertaking an evaluation, assessment and processing of an application for a licence to carry out activities specified in the NSW *Coal Mine Health and Safety Regulation 2006* and is required by that Regulation.

This information may also be used by NSW DPI for the purposes of confirming applicant details in the event replacement licences are applied for, and may also be used to establish and maintain a database and to assist NSW DPI NSW and its inspectorate with its work generally.

Except for the purposes of prosecution and unless such disclosure is otherwise required by law, the information will not be accessed by any third parties in a way that would identify the individual without the consent of that individual.

You may also apply to NSW DPI to access and correct any information NSW DPI holds if that information is inaccurate, incomplete, not relevant or out of date. Applications should be made in writing to the following address

Licensing Unit
New South Wales Department of Primary Industries
Mine Safety Technology Centre
8 Hartley Drive
THORNTON 2322
PO Box 343
HUNTER REGION MAIL CENTRE 2310
Email: MineSafety.Registration@dpi.nsw.gov.au

or by phoning:
Privacy Contact Officer, NSW DPI - 02 4924 4000

Have you been convicted of an offence under the *Occupational Health and Safety Act 2000*, the *Coal Mine Health and Safety Act 2002* or the *Coal Mine Health and Safety Regulation 2006* or any other equivalent legislation in Australia or elsewhere in the last 10 years?

Yes No

If yes, please attach a sheet providing details of the offence including:

- Offence
- Result and/or penalty
- What you have done since the offence to ensure compliance with relevant legislation.

1. APPLICANT DETAILS

1. Individual

Title Mr / Miss / Ms / Mrs / Other (please specify) _____

Family name _____

Given name _____ Other names _____

Gender Male / Female (please circle) Date of birth ___/___/___

Home telephone () _____ Work telephone () _____

Fax number () _____ Mobile number _____

Pager number _____ Email _____



Postal address _____

Suburb _____ State _____ Postcode _____

Home address _____

(if different)

Suburb _____ State _____ Postcode _____

Age _____

Have you been convicted of a criminal offence? Yes No

If "Yes", please provide

details _____

Appropriate qualifications (certified originals required)

- (as per clause 153 (2) a person holds appropriate qualifications if the person:
- (a) has demonstrated his or her knowledge of safe working methods in relation to the licensed activity, or
 - (b) has completed a course of training specified by the Chief Inspector in relation to the licensed activity, or
 - (c) has, in the opinion of the Chief Inspector, appropriate experience or training in the carrying out of the licensed activity, or
 - (d) has any facilities or quality assurance arrangements specified by the Chief Inspector.)

Note: NSW DPI may request an examination or assessment of the licence applicant.

Details of relevant experience _____

References in support by third parties

Appropriate arrangements exist to ensure that my employees do not carry out a licensable activity unless they have had training in safe working methods in relation to the licensable activity. Yes No

Referee's Declaration:

I declare that the above information is complete and accurate to the best of my knowledge.

Name (in BLOCK LETTERS) _____

Signed _____ Date _____

Corporation name: _____



ABN _____

Position _____

2. Corporation

Director applying on behalf of corporation:

Title Mr / Miss / Ms / Mrs / Other (please specify) _____

Family name _____

Given name _____ **Other names** _____

Gender Male / Female (please circle) **Date of Birth** ___ / ___ / ___

Home telephone number _____

Appropriate qualifications of director (certified originals required) _____

- (as per clause 153 (2) a person holds appropriate qualifications if the person:
- (e) has demonstrated his or her knowledge of safe working methods in relation to the licensed activity, or
 - (f) has completed a course of training specified by the Chief Inspector in relation to the licensed activity, or
 - (g) has, in the opinion of the Chief Inspector, appropriate experience or training in the carrying out of the licensed activity, or
 - (h) has any facilities or quality assurance arrangements specified by the Chief Inspector.)

Note: NSW DPI may request an examination or assessment of the licence applicant.

Have you been convicted of a criminal offence? **Yes** **No**

If "Yes", please provide details _____

Corporation (legal) name _____

ABN _____

Trading name _____

Registered corporation (street) address _____

Suburb/town _____ **State** _____ **Postcode** _____

Postal address (if different) _____

Telephone () _____ **Fax ()** _____

Mobile _____ **Email** _____

Working location _____



1. Has your corporation been convicted of a criminal offence? Yes No

If "Yes", please provide

details _____

2. Appropriate arrangements exist to ensure that the corporation's employees have had training in safe working methods in relation to the licensable activity

Yes No

Please attach details _____

3. Appropriate arrangements exist to ensure that, during the carrying out of the licensable activity, a person holding appropriate qualifications in relation to the licensable activity (whether or not the holder of the licence) will supervise the carrying out of the activity

Please attach details _____

Yes No

4. Quality Assurance details (please attach) _____

2. LICENSED ACTIVITY

Please tick appropriate box

| TICK | ACTIVITY |
|--------------------------|---|
| <input type="checkbox"/> | Auditing of dust explosion management plans under clause 36 |
| <input type="checkbox"/> | Sampling and analysis of airborne dust under clauses 38 and 39 |
| <input type="checkbox"/> | A high risk activity of a type referred to in clause 49 specified by the Chief Inspector as a licensed activity |
| <input type="checkbox"/> | Sampling and analysis of diesel engine exhaust under clause 74 |
| <input type="checkbox"/> | Sampling and testing of roadway dust under Subdivision 2 of Division 2 of Part 4 otherwise than by an explosion suppression officer |
| <input type="checkbox"/> | Auditing of ventilation arrangements under Subdivision 7 of Division 3 of Part 4 |



Individual or person applying on behalf of a corporation:

I (print your name in BLOCK LETTERS) _____ Phone number _____

of (print your home or corporation address) _____

_____ Suburb / town _____ Postcode _____

hereby declare that

Individual:

- I am 18 years of age , or over
- The information contained in this application is true and correct in every particular
- I consent to the making of inquiries of and the exchange of information with, the authorities of any State or Territory regarding any matter relevant to this application
- I have not held a licence under the *Coal Mine Health and Safety Regulation 2006* which has been suspended or cancelled in the last five years
- I do not hold a licence in another state or territory subject to cancellation for the same class of work as in this application

Signature of person making this declaration _____ Date ___/___/___

Corporate

- I am 18 years of age , or over
- The information contained in this application is true and correct in every particular
- I consent on behalf of the corporation to the making of inquiries of and the exchange of information with, the authorities of any State or Territory regarding any matter relevant to this application
- The company on whose behalf I am applying has not held a licence under the *Coal Mine Health and Safety Regulation 2006* which has been suspended or cancelled in the last five years
- The company on whose behalf I am applying does not hold a licence in another state or territory subject to cancellation for the same class of work as in this application

Signature of person making this declaration _____ Date ___/___/___



4. LODGEMENT

Applications are to be lodged with:

Licensing Unit
DPI NSW
Mine Safety Technology Centre
8 Hartley Drive
THORNTON 2322
PO Box 343
HUNTER REGION MAIL CENTRE 2310
Email: minesafety.registration@dpi.nsw.gov.au

| PROOF OF IDENTITY | | | | | |
|--------------------------------|---------------|----------------|----------------------|---------------------|--------------|
| Office use only | | | | | |
| Document type | Date of issue | State of issue | Documentation number | Expiry date | Points value |
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| | | | | Points total | |
| Name of Checking Officer _____ | | | | | |
| Signature _____ Date _____ | | | | | |