



ACT
Government

Justice and Community Safety

APPLICATION FOR A HIGH RISK WORK LICENCE

Work Health and Safety Act 2011

WSACT FM - 0009

PURPOSE

This form is to be used to apply for a high risk work licence under the *Work Health and Safety Act 2011* (the Act). You can access the legislation and its regulation at www.legislation.act.gov.au. You may also obtain further information and forms at www.ors.act.gov.au or www.worksafe.act.gov.au.

PRIVACY

The Act authorises the Office of Regulatory Services to collect the personal information required by this form for the purposes of issuing a card under the Act. The Office of Regulatory Services prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (C'wlth). The Office of Regulatory Services provides identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances. This office will also retain a copy of your photograph and signature for the purpose of future verification.

CONTACT

Office of Regulatory Services Shopfront
255 Canberra Avenue, Fyshwick ACT 2609

Opening Hours 9:00am to 4:30pm Monday to Friday

General Enquiries (02) 6207 3000

Office of Regulatory Services Postal Address
GPO Box 158, Canberra City ACT 2601

Website www.ors.act.gov.au Email ors.bil@act.gov.au

Fax Number (02) 6207 0424

INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- Complete this form using a black or blue pen only.
- To be eligible for a high risk work licence you must be at least 18 years of age and provide satisfactory evidence of your identity.
- You must provide a copy of your certification in relation to the course, or each of the courses in relation to the high risk work licence being applied for that was not issued more than 60 days before your application is made.
- This office will contact the issuing authority where another jurisdiction has issued a high risk work licence or national certificate of competency to verify the details. This office may also seek additional information to establish your entitlement to hold a high risk work licence. You may be asked to provide this information yourself, or to authorise this office to make independent enquiries.
- If your application is successful, you must hand in all existing licences or certificates in your possession upon being issued your new high risk work licence.
- Three forms of current identification must be provided upon application. At least one form of identity must be from either:
 - Birth Certificate;
 - Australian Passport;
 - Firearms Licence; or,
 - Proof of Age Card.
- If only one form of identification is provided from the above, two forms of identification may be provided from either:
 - Medicare Card;
 - Credit Card;
 - Centrelink Card;
 - Security Guard Licence;
 - Tertiary Education Identification; or,
 - Department of Veterans Affairs Card.
- Payment may be made by cash, credit card, EFTPOS, money order or cheque. All cheques should be made payable to the Office of Regulatory Services. If lodging your application form by post and paying by credit card please ensure you complete the attached credit card payment authorisation.

TRANSLATING AND INTERPRETING SERVICE

If you require further information or require advice, a language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.



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APPLICANT DETAILS

TITLE <i>(Mr, Ms)</i>	SURNAME	FIRST NAMES	DATE OF BIRTH
HOME ADDRESS <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>			
CITY / SUBURB / TOWN		STATE / TERRITORY	POSTCODE
POSTAL ADDRESS <i>(If different to home address)</i>			
CITY/ SUBURB/ TOWN		STATE / TERRITORY	POSTCODE
HOME TELEPHONE NUMBER		MOBILE TELEPHONE NUMBER	
()			
FAX NUMBER		EMAIL ADDRESS	
()			

CONTACT PREFERENCE *(Indicate how you would like to be contacted in future regarding reminders and when your renewal is due)*

EMAIL <input type="checkbox"/> Yes <input type="checkbox"/> No	POST <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION TYPE

NEW HIGH RISK WORK LICENCE <i>(Never held one before)</i> <input type="checkbox"/>	UPGRADE EXISTING CERTIFICATE OF COMPETENCY <input type="checkbox"/>
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APPLICANT DECLARATION

I, _____, confirm that the information supplied in this application is true and accurate and understand that the provision of false or misleading information is an offence. I consent to the Office of Regulatory Services making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.

Signature:

Date: / /

CHECKLIST

CLASSES OF HIGH RISK WORK TO BE INCLUDED ON NEW LICENCE

SCAFFOLDING WORK	<input type="checkbox"/> SB Basic Scaffolding
	<input type="checkbox"/> SI Intermediate Scaffolding (includes SB)
	<input type="checkbox"/> SA Advanced Scaffolding (includes SB and SI)
DOGGING AND RIGGING WORK	<input type="checkbox"/> DG Dogging
	<input type="checkbox"/> RB Basic Rigging (includes DG)
	<input type="checkbox"/> RI Intermediate Rigging (includes DG and RB)
	<input type="checkbox"/> RA Advanced Rigging (includes DG, RB and RI)
CRANE AND HOIST OPERATION	<input type="checkbox"/> CT Tower Crane
	<input type="checkbox"/> CS Self-erecting Tower Crane
	<input type="checkbox"/> CD Derrick Crane
	<input type="checkbox"/> CP Portal Boom Crane
	<input type="checkbox"/> CB Bridge and Gantry Crane
	<input type="checkbox"/> CV Vehicle Loading Crane
	<input type="checkbox"/> CN Non-slewing Mobile Crane
	<input type="checkbox"/> C2 Slewing Mobile Crane capacity up to 20 tonnes (includes CV and CN)
	<input type="checkbox"/> C6 Slewing Mobile Crane Capacity up to 60 tonnes (includes CV, CN and C2)
	<input type="checkbox"/> C1 Slewing Mobile Crane Capacity up to 100 tonnes (includes CV, CN, C2 and C2)
	<input type="checkbox"/> C0 Slewing Mobile Crane Capacity over 100 tonnes (includes CV, CN, C2, C6 and C1)
	<input type="checkbox"/> HM Materials Hoist
	<input type="checkbox"/> HP Personnel and Materials Hoist (includes HM)
	<input type="checkbox"/> WP Boom-type Elevating Work Platform
<input type="checkbox"/> PB Concrete Placing Boom	
REACH STACKERS	<input type="checkbox"/> RS Reach Stacker
FORKLIFT OPERATION	<input type="checkbox"/> LF Forklift Truck
	<input type="checkbox"/> LO Order-picking Forklift Truck
PRESSURE EQUIPMENT OPERATION	<input type="checkbox"/> BS Standard Boiler Operation
	<input type="checkbox"/> BA Advanced Boiler Operation (includes BS)
	<input type="checkbox"/> TO Turbine Operation
	<input type="checkbox"/> ES Reciprocating Steam Engine

Is a copy of the relevant qualification certificate attached for each high risk work licence ticked above?

Yes No

ADDITIONAL INFORMATION

DESCRIPTION	RESPONSE	DETAILS
<p>Have you ever been convicted or found guilty of an offence under the <i>Work Health and Safety Act 2011</i> or the <i>Work Health and Safety Regulation 2011</i> or under any equivalent law of another State, Territory or the Commonwealth?</p> <p>If yes, please provide specific details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Have you ever entered into an enforceable undertaking under the <i>Work Health and Safety Act 2011</i> or under any equivalent law of another State, Territory or the Commonwealth?</p> <p>If yes, please provide specific details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Have you ever held an equivalent high risk work licence under the <i>Work Health and Safety Act 2011</i> or under any equivalent law of another State, Territory or the Commonwealth?</p> <p>If yes, please provide specific details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>If you have ever held an equivalent licence under any equivalent law of another State, Territory or the Commonwealth, describe any condition that was imposed on that licence, state whether or not that licence had been suspended or cancelled, and if so whether or not you had been disqualified from applying from any licence.</p> <p>If yes, please provide specific details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
<p>Have you ever been refused an equivalent licence under any equivalent law of another State, Territory or the Commonwealth?</p> <p>If yes, please provide specific details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

OFFICE USE ONLY

NAME OF DECISION MAKER		RECEIPT NUMBER	
SIGNATURE		DATE OF RECEIPT	
DATE ISSUED		LICENCE NUMBER	

COMPLETED FORMS TO BE RETURNED

In Person:
 Office of Regulatory Services
 255 Canberra Avenue
 Fyshwick ACT 2609
 Hours: 9.00am – 4.30pm

