

Application for a replacement of a controlled substance licence

Under regulation 7.11 of the Health and Safety at Work (Hazardous Substances) Regulations 2017

Send by post to: WorkSafe New Zealand, PO Box 165, Wellington 6140

Send by email to: CSL@worksafe.govt.nz

NOTE FOR APPLICANTS

Please print clearly. Make sure the whole form is completed.

A fee as set out in schedule 2 of the Health and Safety at Work (Hazardous Substances) Regulations 2017 will be charged. Payments should be made by internet banking into our Westpac Account Number 03 0251 0040445 00 following receipt of an invoice from WorkSafe. Overseas applicants are required to pay all associated bank fees.

Tick here if you urgently require a temporary licence to continue working.

1. Applicant details

General details

The information in this section will be used to verify your identity.

First name:
Middle name(s):
Last name:
Other names used:
Reasons for other name:
<input type="radio"/> Tick if you have attached additional information or legal name change documentation
Date of birth: DD / MM / YEAR

Address

The CSL will be sent to your postal address. These details are required if we need to contact you about your application.

If you require a temporary licence, it can be emailed or posted to you.

Postal address:
Mobile phone:
Home phone:
Work phone:
Email:

Licence details

These are details that appear on your damaged or lost controlled substance licence (CSL). If you are not sure, please record the details as best you remember.

CSL number: CSL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry date:	DD	/	MM	/	YEAR	
Substances listed:						
Compliance certifier name:						
Certificate number:						

2. Reason for replacement

<input type="radio"/> Damaged licence	<input type="radio"/> Loss of licence
<input type="radio"/> Other: (please specify)	
When and where did you lose/damage your licence?	
Have you reported the loss to the police?	

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3. Statutory declaration

I, (full name)

of (address in full)

Solemnly and sincerely declare that the information I have provided in this application form is true, complete, and correct.

I declare that I have continued to remain a fit and proper person and will do so in the future.

I acknowledge that any personal information will be processed and held by WorkSafe New Zealand, and that under the Privacy Act 1993 I am entitled to access this personal information and to ask for correction should that be necessary.

In addition to the authorisation and consent I provided as part of my original application for a controlled substance licence, I authorise WorkSafe to release or disclose any new personal information collected in this form, to any person for the purpose of administering any CSL which has been and may be issued to me.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature of applicant:

Declared at: (place where you are making declaration)

this day of 20

Before me: (full name)

Signature:

Barrister or Solicitor of the High Court of New Zealand

Justice of the Peace

Notary Public

Registrar or Deputy Registrar of a New Zealand Court

Member of Parliament

A person authorised by law to take statutory declarations

Please stamp: (if applicable)