

Nominated supervisor provision of course certificate

Use this form when providing WorkSafe with a copy of the relevant course certificate required by your nominated supervisors.

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

Email: asbestos@worksafe.govt.nz **Post:** WorkSafe New Zealand, CAR Team, Asbestos Licensing, PO Box 165, Wellington 6140

Licence holder details

<p>Full legal name:</p> <p>Trading name: (if different from above)</p>	<p>Licence number:</p> <p>New Zealand Business Number (NZBN):</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				

Nominated supervisor training

Complete the table for each nominated supervisor as required. Tick to confirm you have attached a copy of the certificate issued to each nominated supervisor for the relevant course for the supervision of asbestos removal work.

TITLE	FULL NAME OF NOMINATED SUPERVISOR	DATE OF BIRTH	COPY OF CERTIFICATE ATTACHED
		DD / MM / YEAR	<input type="checkbox"/>
		DD / MM / YEAR	<input type="checkbox"/>
		DD / MM / YEAR	<input type="checkbox"/>
		DD / MM / YEAR	<input type="checkbox"/>
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		DD / MM / YEAR	<input type="checkbox"/>
		DD / MM / YEAR	<input type="checkbox"/>

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Declaration

If you have provided course certificates for **all** of your nominated supervisors, tick next to the following statement to request removal of the relevant condition from your licence, otherwise leave blank.

I request WorkSafe amend my licence by deleting the condition requiring me to comply with the requirements of regulation 60(1)(c) or 61(1)(c).

(tick each statement to declare it correct)

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

I confirm that I have the authority to complete this form.

Name:

Position:

Date: DD / MM / YEAR

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