

# Asbestos removal: Nominated supervisor's experience

Provide the name and details for the nominated supervisor, including their experience in asbestos removal work. Employers may be contacted for reference checks. For additional supervisors, provide details on a separate table.

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

## Supervisor details

Please include your most recent work experience. If you have previously held a Certificate of Competence, we require evidence of work performed between your CoC expiring and now. **You must provide evidence of work performed in the last 6 months in the class applied for.**

Full name:	Years of asbestos removal experience:	Years of supervisory experience:
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WORKSAFE NOTIFICATION NUMBER	LICENCE HOLDER/DIRECT EMPLOYER	FULL REMOVAL ADDRESS (eg 123 John Street, Takapuna, Auckland 0622)	NUMBER OF DAYS SPENT ON SITE UNDERTAKING ASBESTOS REMOVAL	PROJECT START AND FINISH DATES	FRIABLE OR NON-FRIABLE indicate type of ACM (eg asbestos cement sheeting, lagging, vinyl tiles, asbestos cement pipes, gaskets)	AMOUNT OF ASBESTOS REMOVED (m <sup>2</sup> )	PCBU AND CONTACT NUMBER WHO ENGAGED THE LICENCE HOLDER
1.							
2.							
3.							
4.							
5.							