

## Application for authorisation as a test station

Under Regulation 15.52 of the Health and Safety at Work (Hazardous Substances) Regulations 2017

Complete this form if you are applying to become an authorised test station, renewing your test station authorisation, or varying the functions or conditions of your authorisation. A fee as set out in Schedule 2 of the Hazardous Substances Regulations will be charged. Please allow 20 working days for processing.

Email: [hsapplications@worksafe.govt.nz](mailto:hsapplications@worksafe.govt.nz) Post: WorkSafe New Zealand, PO Box 165, Wellington 6140

### Note for applicants

Please refer to the Test Station Authorisation Guide for information on completing this application and the specific conditions that will apply to the authorisation. This form must be completed by the business owner, manager, director or person authorised by the test station.

### 1. Applicant details

Test station legal name:

Trading name: (if different)

New Zealand Business Number (NZBN): (if applicable)

Physical address of test station:

Postal address of test station:  Same as above

### Test station contact details

Website:

Email:

Phone:

### 2. Contact person

This section must be completed by the business owner, manager, director or person authorised by the test station.

I am:

owner  manager  director

Other: (please specify)

Name:

Work phone:

Mobile phone:

Email:

### 3. Applicants previously authorised as a test station

This section applies to individuals or organisations that have previously held an authorisation as a test station.

Test station number:

Authorisation issue date: DD / MM / YEAR

Authorisation expiry date: DD / MM / YEAR

### 4. Signatories

List the names of current IANZ/NZUA Signatories:

Scope of Accreditation (please indicate if a signatory's scope of accreditation contains limitations or exclusions)

1.	
2.	
3.	
4.	
5.	

### 5. Accreditation

Test stations must be accredited to ISO17025 (IANZ) or have membership of an industry body that is recognised by WorkSafe (NZUA) under regulation 15.52(1) of the HSW (Hazardous Substances) Regulations. You must indicate which accreditation body provides accreditation to your test station:

1. The test station is accredited by New Zealand Underwater Association (NZUA)? If 'Yes', please provide a copy of your current NZUA audit certificate.  Yes  No

2. The test station is accredited by International Accreditation New Zealand (IANZ)? If 'Yes', please provide a copy of your IANZ accreditation.  Yes  No

# Application for authorisation as a test station

## 6. Type of application

1. Is this application for a new test station authorisation?  Yes  No

2. Is this a renewal of an existing test station authorisation?  Yes  No

Test station number:

Authorisation issue date: DD / MM / YEAR

Authorisation expiry date: DD / MM / YEAR

3. Is this application to vary the functions or conditions of an existing test station authorisation? This includes a change of physical location of the test station, a change of gas traffic or types of cylinders being tested, or the type of cylinder testing being conducted.  Yes  No

Please provide details of the changes to the functions or conditions of your test station authorisation:

## 7. Import clearance for one-off cylinders

Does your test station wish to include the marking of one-off cylinders, in accordance with Regulation 15.60 of the Health and Safety at Work (Hazardous Substances) Regulations 2017 as part of its authorisation?  Yes  No

## 8. Signature

The owner/manager/director of the test station, or person authorised by the test station, must sign the application form.

To the best of my knowledge, the information contained in all sections of this form is complete and correct. I understand that information presented to WorkSafe is potentially subject to disclosure under the Official Information Act.

Signature:

Date: DD / MM / YEAR

## OFFICE USE ONLY

Applicant code:

Test station number:

Date received: DD / MM / YEAR

Date authorised: DD / MM / YEAR

Authorisation expiry date: DD / MM / YEAR

Fee paid: \$

Date paid: DD / MM / YEAR