

Evidence of certified safety management system

Use this form when providing WorkSafe with evidence that you have a certified safety management system in place by 4 April 2018.

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

Full legal name:

Trading name: (if different from above)

Licence number:

New Zealand Business Number (NZBN):

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Declaration

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

(tick each statement to declare it correct)

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

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

Name:

Position:

Date: DD / MM / YEAR

Certified safety management system

The safety management system in place must be certified (by an auditor accredited by JAS-ANZ or NATA) as being compliant with *AS/NZS 4801:2001 Occupational Health and Safety Management Systems*, or another international standard recognised by WorkSafe, and must meet any requirements prescribed in a safe work instrument. Evidence of this may be confirmed by certificate or letter authorised by the auditor.

I have attached evidence that a safety management system is in place, and has been certified.

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