

Application for approval as a tank wagon fabricator

Under regulation 16.35 Health and Safety at Work (Hazardous Substances) Regulations 2017

Email: hsapplications@worksafe.govt.nz Post: WorkSafe New Zealand, Hazardous Substances Team, PO Box 165, Wellington 6140

1. Applicant details	Site for which the application applies
Full legal name: Trading name: (if different from above)	Physical address:
induing name. (ii amorait namasovo)	Description of fabricator's facilities:
New Zealand Business Number (NZBN):	
Contact person	
Name:	
Work phone:	
Mobile phone:	
Email:	
Applicant's physical address:	
Applicant's postal address: Same as above	

Application for approval as a tank wagon fabricator

2. Report on fabrication systems

In this section, you must detail the systems you follow for ensuring that each tank wagon complies with the certified design and meets the required standard for construction. These details must include employees qualifications and experience for welding. The details must also include the quality assurance procedures including purchase of raw materials and maintenance of welder qualifications. You can complete each section yourself, or obtain an independent report to cover each of the elements specified below from a suitably qualified person, e.g. a compliance certifier or qualified engineer.

Purchasing systems:
Welders' Competencies:
Recording systems:
Quality assurance:
Inspection and testing procedures for welding and for tank wagon fabrication:
Tank wagon record numbers (TANs) that you are seeking to be approved for:
Inspection date: DD / MM / YEAR

Application costs and invoicing details

A fee as set out in Schedule 2 of the regulations will be charged. You will be emailed an invoice for payment upon receipt of your application. Payment should be made by internet banking into our Westpac Acount Number 03 0251 0040445 00 following receipt of an invoice from WorkSafe. Overseas applicants are required to pay all associated bank fees.

Please provide your company email address for invoicing:

I certify that:

- I have the authority to make this application
- To the best of my knowledge, this application is complete and correct

Signature:
Print name:
Capacity in which signed:
Date: DD / MM / YEAR

3. Privacy statement

The personal information you provide with this form is collected and will be held and used by WorkSafe for assessing your application and in accordance with the purposes of the Health and Safety at Work (Hazardous Substances) Regulations 2017 and provisions of the Privacy Act 1993. Information you provide will only be disclosed as required or permitted at law.

The provision of information by you is voluntary but if you do not provide full information WorkSafe may not be able to progress your application. Under the Privacy Act 1993 you may request access to or correction of personal information about you.

For more information about WorkSafe's Privacy Statement and Policy, please refer to the WorkSafe website: $\underline{worksafe.govt.nz}$