NOTIFICATION OF SUPERVISOR REMOVAL

Use this form to ask WorkSafe to amend your licence under regulation 76 of the Health and Safety at Work (Asbestos) Regulations 2016 by removing a supervisor



Important: Regulation 74 of the Regulations requires WorkSafe to be asked to amend a licence within 14 days of a supervisor being removed

icence holder details	
Name of licence holder: (as it appears on licence)	
Asbestos removal licence number:	

Postal address:

Level/unit:	Building name:			Street number:	
Street name:					
PO Box:		Suburb:			
Town/city:		Postcode:			
Contact person					
Title:	First name:		Last name	e:	
Work phone:		Mobile ph	one:		
Work email:					

Details of supervisor to be removed

Title:	Last name:	
First name:		Middle names:
Date of birth:		
Licence holder's declaration	on	

To the best of my knowledge, the information provided in this notification is true and correct

I have the authority to complete and submit this notification

Name: (first name, last name)

Date:

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

Where to send your completed form

Fill in the PDF version (or print, complete and scan this form). Once completed, email it, as an attachment, to WorkSafe New Zealand:

asbestos@worksafe.govt.nz

If emailing this form is not practical, you may post it to:

WorkSafe New Zealand CAR Team Asbestos Licensing PO Box 165 Wellington 6140