

# Replacement of a certificate of competence

Use this form to apply to the New Zealand Mining Board of Examiners for a replacement certificate of competence under the Health and Safety at Work (Mining Operations and Quarrying Operations) Regulations 2016.

Email: [BoE\\_Secretariat@worksafe.govt.nz](mailto:BoE_Secretariat@worksafe.govt.nz) Post: BoE Secretariat, PO Box 165, Wellington 6140

## 1. Applicant details

Full name:
Physical address: (include postcode)
Postal address: (with company name if applicable) <input type="radio"/> Same as above
Date of birth: DD / MM / YEAR
Gender: <input type="radio"/> Male <input type="radio"/> Female
Mobile phone:
Work phone:
Email:
Company:
Signature:
Date: DD / MM / YEAR

## 2. Application type

- SSE Tunnelling Operation
- SSE Underground Coal Mining Operation
- SSE Opencast Coal Mining Operation
- SSE Underground Metalliferous Mining Operation
- SSE Opencast Metalliferous Mining Operation
- First Class Coal Mine Manager
- First Class Mine Manager
- A Grade Opencast Coal Mine Manager
- B Grade Opencast Coal Mine Manager
- A Grade Quarry Manager
- B Grade Quarry Manager
- A Grade Tunnel Manager
- B Grade Tunnel Manager
- Coal Mine Deputy
- Coal Mine Underviewer
- Electrical Superintendent
- Mechanical Superintendent
- Mine Surveyor
- Ventilation officer
- Winding Engine Driver
- Site Specific

## 3. Reason for replacement

Lost  Stolen

Destroyed  Defaced

Explanation for loss:

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## 4. Payment

### NZ\$30.00 per replacement of a certificate of competence

In accordance with the fees set out in Schedule 2 of the Health and Safety at Work (Mining Operations and Quarrying Operations) Regulations 2016, an application for a certificate of competence is to be accompanied by the fee shown below:

Certificate	Fee
Issue of any certificate of competence	\$30.00

All fees are GST inclusive.

Please tick if a GST invoice is required and ensure that the correct billing address is provided.

**Payment by direct credit**  
To ensure payment reaches the BoE secretariat, complete the fields in the direct credit form/online accurately in the manner indicated below:  
Account Name: WorkSafe NZ  
Bank: Westpac Account: 03-0251-0040445-000  
Particulars: Last name  
Code: First name  
Reference: Extractive CoC

Date of payment: DD / MM / YEAR

Amount:

## 5. Certification

You must provide a **certified copy** of all documentation; this means it is required to be certified by an authorised person such as a lawyer, Justice of the Peace, Court Registrar, or notary public.

## 6. Checklist

Please check you have completed and understand the following:

### Your details

I have completed all the details on page 1.

### Identification

I have enclosed a certified copy of my identification.

### Fees

I have completed payment information on page 1.

For any queries please contact WorkSafe New Zealand:  
[BoE\\_Secretariat@worksafe.govt.nz](mailto:BoE_Secretariat@worksafe.govt.nz)

Please return the completed form and attachments to:  
[BoE\\_Secretariat@worksafe.govt.nz](mailto:BoE_Secretariat@worksafe.govt.nz)

or BoE Secretariat, PO Box 165, Wellington 6140