

## 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, 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 WorkSafe to process a complete application. This does not include additional time to request further information if required.

Completed applications can be submitted to WorkSafe by email: [hsapplications@worksafe.govt.nz](mailto:hsapplications@worksafe.govt.nz) or 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. Application details

1. Do you hold an existing authorisation as a test station?  Yes  No

If yes, fill out the details below:

Test station number:

Authorisation issue date: DD / MM / YEAR

Authorisation expiry date: DD / MM / YEAR

2. Are you varying the functions or conditions of an existing test station authorisation?  Yes  No

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.

If yes, please provide details of the changes to the functions or conditions of your test station authorisation:

### 4. 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

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## 5. Signatories

List the full name(s) of current IANZ/NZUA Signatories

1.
2.
3.
4.
5.

## 6. Test station mark

- Please attach a separate file (JPEG or PDF) of your test station mark with your application.

## 7. Declaration

I certify that:

- I have the authority to make this application.
- To the best of my knowledge, all information that has been provided with this application is accurate.
- I have read and understand WorkSafe's [Privacy statement and policy](#)

Signature:

Date: DD / MM / YEAR