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| **Worksafe ACT logo****APPLICATION FOR A DANGEROUS GOODS VEHICLE LICENCE 2020/2021** |  |
| IMPORTANT This form is to be used to apply for a dangerous goods vehicle licence under the *Dangerous Goods (Road Transport) Regulation 2010* (the Regulation) to transport dangerous goods by road. You can access the Regulation at [www.legislation.act.gov.au](https://www.legislation.act.gov.au/). You may also obtain further information and forms at [www.accesscanberra.act.gov.au.](https://www.accesscanberra.act.gov.au/app/home) |
| PRIVACYThe *Dangerous Goods (Road Transport) Act 2009* (the Act) authorises the Director-General to collect the personal information required by this form. The Director-General prevents any unreasonable intrusion into a person’s privacy in accordance with the *Information Privacy Act 2014*. The Director-General provides identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances. |
| CONTACT |
| General enquiries Fax numberEmail | Dangerous Substances Licensing13 22 81**(02) 6207 2009****dangeroussubstances@act.gov.au** |
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| INSTRUCTIONS FOR COMPLETION* Read the Further Information prior to completing the application form.
* If completing this form by hand please use blue or black pen.
* Any alteration to information provided on this form must be struck through with pen. Substitute information must be clear and the person completing the form must sign in the margin. Do not use correction fluid or tape.
* Ensure that any photographs attached are clear and the details legible.
* Payment of the application fee is to accompany the application form. A cheque or money order made out to “WorkSafe ACT” or credit card payment authority will be accepted by post. If you fax the application form and do not complete the credit card payment authority, please post a cheque or money order to the below address attached to the payment details page. Your licence will not be issued until payment of the application fee has been received.
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| **Return completed forms** |  |  |
| **In Person (By Appointment Only):** | By Post: | **Email to\*:** |
| Dangerous Substances LicensingWorkSafe ACTDame Pattie Menzies House16 Challis StreetDICKSON ACT 2602Hours: 9.00am – 4.30pm  | Dangerous Substances LicensingWorkSafe ACTGPO Box 158 Canberra, ACT 2601 | dangeroussubstances@act.gov.au \* payment can not be accepted via email. Remove and submit the signed payment details page of the application form to WorkSafe ACT with preferred payment method. |

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| Languages |

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| **FURTHER INFORMATION ABOUT APPLYING FOR A DANGEROUS GOODS VEHICLE LICENCE****Do you need a licence?**If you have a current dangerous goods vehicle licence issued in any other State or Territory you do not need to obtain an ACT licence as well.A dangerous goods vehicle licence is only required for transport of dangerous goods in the following cases: a) in a receptacle with a capacity of more than 500 litres;b) in a receptacle with more than 500 kilograms; orc) where the capacity of all Intermediate Bulk Containers (IBCs) is more than 3000 litres, or where any IBC is filled or emptied while on a vehicle. A vehicle means any description of a vehicle on wheels, other than a vehicle used on railways or tramways. However, under the Regulations a dangerous goods vehicle licence is not required for a prime mover or a converter dolly.You must maintain the vehicle’s registration throughout the period of the licence or the licence will cease to be current and must be returned to WorkSafe ACT.**Classes of dangerous goods that can be carried**All classes except the following can be carried under a dangerous goods vehicle licence issued by the Competent Authority under the *Dangerous Goods (Road Transport) Regulation 2010*:Class 1 – ExplosivesClass 6.2 – Infectious substances Category A (application for a licence to carry out the business of transporting clinical waste must be made under the *Clinical Waste Act 1990*)Class 7 – Radioactive Material**The application must be made on this form and is to be accompanied by:**a) copy of indemnity insurance policy;b) photos of vehicle tank compliance plates (if applicable); andc) payment of the prescribed fee.You will not be issued a dangerous goods vehicle licence if you are subject to a court order prohibiting your involvement in the transport of dangerous goods by road.**Payment of dangerous goods vehicle licence application fee**Payment can be made by credit card, cheque or money order made payable to “WorkSafe ACT”. Lodgements in person with alternative payment methods such as cash or EFTPOS will be accepted **only by prior arrangement**, at the WorkSafe ACT office at Dame Pattie Menzies House, 16 Challis Street, DICKSON ACT 2602.Call the Dangerous Substances Licensing unit to confirm the required application fee. Alternatively, you can check the legislation register at [www.legislation.act.gov.au](https://www.legislation.act.gov.au/) under the *Dangerous Goods (Road Transport) Act 2009* – Fees. **Disposal or transfer of licensed vehicle**If a licensed vehicle is sold or disposed of, before transferring possession or otherwise disposing of the vehicle the person who holds the licence must remove the vehicle label from the vehicle and attach it to a Notice of Disposal, or destroy it and provide sufficient evidence of this if requested by the Competent Authority. Within **21 days** of transfer or otherwise disposing of the vehicle, the person who holds the licence for the vehicle must give the Notice of Disposal with the licence and the vehicle label attached to the Competent Authority. The Competent Authority will amend or cancel the licence to reflect the removal of the vehicle.If you are also varying the licence to add another vehicle, complete an application for the variation of your licence with the prescribed fee.If you are the new owner and you do not currently have a vehicle licence, complete a new application form. If you have a current licence, complete an application for variation of your licence with the prescribed fee.**Personal information**Details of all licence applications including personal information such as your name and address are collected and held by WorkSafe ACT and some details are made available to the public, along with licence details, via the public register.You can access the personal information WorkSafe ACT is holding about you. You can ask WorkSafe ACT to make appropriate amendments to ensure that the personal information is accurate, relevant, up-to-date, complete and not misleading. Contact Dangerous Substances Licensing, WorkSafe ACT, GPO Box 158, Canberra ACT 2601, or on 13 22 81 for assistance. |

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| **Worksafe ACT****APPLICATION FOR A DANGEROUS GOODS VEHICLE LICENCE 2020/2021** **PAYMENT DETAILS** |

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| APPLICANT DETAILS This page is to be completed and attached if payment is not provided with the submitted, complete application form. |
| Surname:  | First name:  |
| Provide a mailing address for the tax invoice:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| APPLICATION FEE QUERIES |
| For queries regarding the relevant application fee, please contact WorkSafe ACT during business hours quoting *‘Dangerous Goods Vehicle Licence Application Fee’*. |
| In person by appointment onlyWorkSafe ACTDame Pattie Menzies House16 Challis StreetDICKSON ACT 2602 | Telephone: 13 22 81Email: dangeroussubstances@act.gov.au |
| The WorkSafe ACT ABN is: 68 367 113 536 |

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| Option 1: In Person (By Appointment Only) WorkSafe ACTDame Pattie Menzies House16 Challis StreetDICKSON ACT 2602Hours: 9.00am – 4.30pm  | Option 2: MailDangerous Substances LicensingWorkSafe ACTGPO Box 158 CANBERRA CITY ACT 2601 | Option 3: Email\*dangeroussubstances@act.gov .au Payment can not be accepted via email. Remove and submit this page for payment through Option 1, 2 or 3. Submit remainder of application form via email. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Person’s Name  | Date  |

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| **CREDIT CARD PAYMENT AUTHORITY** |
| Please charge payment of the application fee to my: | [ ]  VISA card | [ ]  MasterCard |
| Credit Card Number[ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  | Expiry date[ ]  [ ]  / [ ]  [ ]  |
| **CARD HOLDER’S AUTHORISATION:**  I consent to WorkSafe ACT debiting the following amount from my credit card **$ [ ]  , [ ]  [ ]  [ ] .00** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Card holder’s full name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Card holder’s signature | Date |

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| **Worksafe ACT****APPLICATION FOR A DANGEROUS GOODS VEHICLE LICENCE 2020/2021** |  |

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| **APPLICATION TYPE** |
| [ ]  New Application  |
| [ ]  Renewal – current dangerous goods vehicle licence number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Variation to existing licence – current dangerous goods vehicle licence number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Specify amendment details (if adding a vehicle, complete all relevant sections):  |
| [ ]  Replacement label/licence (for lost, stolen or defaced labels or licences) – Attach this page and a statutory declaration explainng the loss, theft or defacement and payment.  |
| APPLICANT DETAILS – Individual |
| Surname:  | First name:  |
| Other/previous names (if any):  | Date of birth:  |
| Residential address:  | Postcode:  |
| Postal address:  | Postcode:  |
| Daytime phone:  | Fax:  | Mobile:  |
| APPLICANT DETAILS – Business/Corporation  |
| Registered name of business/company:  |
| Trading name (if any):  |
| ABN/ACN:  | Responsible person (for application):  |
| Business address:  | Postcode:  |
| Postal address:  | Postcode:  |
| Business phone:  | Fax:  | Mobile:  |

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| **VEHICLE DETAILS** – copy this page and complete for every vehicle you intend to licence |
| In accordance with section 208 of the *Dangerous Goods (Road Transport) Regulation 2009* a vehicle licence is not required for a prime mover or a converter dolly.  |
| Type: [ ]  Rigid [ ]  Semi-Trailer [ ]  Tank [ ]  Trailer[ ]  Other:  | Tare weight:  | GVM/GCM:  |
| Make:  | Model:  |
| V.I.N:  | Registration number:  | State:  |
| Class(es) of dangerous goods intended to be transported in or on the vehicle (*please tick*) |
| 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  | 6.1 [ ]  | 8 [ ]  | 9 [ ]  |
| **TANK VEHICLE DETAILS** – Complete only if vehicle is a tank type |
| Tank design approval number:  | Authorising state:  | Design code(if applicable)  |
| Type: [ ] Tank trailer [ ]  Rigid tanker [ ]  Demountable tank [ ]  Other:  | Material type:  |
| Class(es) of dangerous goods the tank is designed to carry (*please tick all relevant*) |
| 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  | 6.1 [ ]  | 8 [ ]  | 9 [ ]  |
| **TANK COMPLIANCE PLATE DETAILS** – Attach photo of compliance plate |
| Compliance plate details of the road tank vehicle, as prescribed by the Australian Dangerous Goods Code 7 Clause 6.9.2.2.3 |
| Tank manufacturer |  |
| Date of manufacture  |  |
| Tank serial number |  |
| Maximum allowable working pressure  |  |
| Test pressure |  |
| Metallurgical design temperature (if above 50° C or below -20°C) |  |
| Capacity of tank (if more than one compartment, capacity of each compartment is required) |  |
| Maximum mass of dangerous goods that may be transported in the tank under the design approval |  |
| Maximum gross mass of the tank |  |
| Initial hydraulic test date |  |
| Most recent hydraulic test date  |  |
| Authority or organisation that witnessed last hydraulic test |  |
| Australian Standard, or other Standard or Code, upon which the design is based |  |

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| **INSURANCE DETAILS** *(attach copy of policy)* |
| Indemnity insurance company:  |
| Policy number:  | Expiry date:  | Amount insured: $ |
| APPLICANT DECLARATION |
| a) I, the responsible person for this application, declare that I have read and understood the information provided in this form, that the details shown in this application are true and correct, and that the attached documents (including images) relate to the nominated vehicle/s.b) I agree to abide by any conditions that form part of the licence issued by the ACT Competent Authority.c) I consent to WorkSafe ACT being able to make inquiries in relation to the information provided for the purposes of this application, or in relation to a licence subsequently granted to me by the ACT Competent Authority. |
| Name:  | Position:  |
| Signed:  | Date:  |
| Email:  | Phone No:  |
| **OFFICE USE ONLY** |
| Received via:  | Received by | Date: | Time |
| Mail / Counter / Fax / Email |  |  | Hrs |
| Inspector allocated: | Date: | Time |
|  |  | Hrs |
| Fee paid | [ ]  Yes | [ ]  No | Fee: $ | Receipt number:  |
| Copy of indemnity insurance policy | [ ]  Yes | [ ]  No | Date of expiry:  |
| Photo of tank vehicle compliance plate | [ ]  Yes | [ ]  No |  |
| Application complete | [ ]  Yes | [ ]  No | Licence issued [ ]  Yes [ ]  No |
|  |  |  | Licence number:  |
|  |  |  | Date of issue:  |
| Required licence conditions:  |