

APPLICATION FOR THE 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.

Applicant Details

please send to residential address

Mr	Mrs	Miss	Ms
First name:			
Middle name:			
Surname:			
Residential address:			
Postal/billing address: (with company name if applicable)			
			Same as above
Date of birth: DD / MM / YEAR			
Telephone number:			
Mobile:			
Email:			
Company:			

Certificate of Competence 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

Payment

NZ\$30 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 duplicate certificate of competence is to be accompanied by a fee shown below:

Certificate	Fee
Replacement 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.

Please indicate how you will make payment for this certificate of competence(s):

Payment by cheque

please make cheques out to WorkSafe New Zealand.
Please send all cheques to: New Zealand Mining Board of Examiners (BoE) Secretariat, PO Box 165, Wellington 6140

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:

Reason for Replacement

Lost	Stolen
Destroyed	Defaced

Explanation for loss:

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.

Supporting Documentation Checklist

Please check you have completed and understand the following:

Your Details

I have completed all 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

Please return the completed form and attachments to:
BoE_Secretariat@worksafe.govt.nz

or BoE Secretariat, PO Box 165, Wellington 6140