

Asbestos removal: Nominated supervisor's experience

Provide the name and details for the nominated supervisor, including their experience in asbestos removal work. Employers may be contacted for reference checks.

Email: asbestos@worksafe.govt.nz **Post:** WorkSafe New Zealand, Authorisations team, Asbestos Licensing, PO Box 165, Wellington 6140

Supervisor details

Please include your most recent work experience. **You must provide evidence of work performed in the last 6 months in the class applied for.**

ALL requested information must be provided .

Full name:

Years of asbestos removal experience:

WORKSAFE NOTIFICATION NUMBER	LICENCE HOLDER	FULL REMOVAL ADDRESS (for example, 123 John Street, Takapuna, Auckland 0622)	EXACT DATE(S) OF DAY(S) SPENT ON SITE UNDERTAKING ASBESTOS REMOVAL	NUMBER OF DAYS SPENT ON SITE UNDERTAKING ASBESTOS REMOVAL	TYPE OF ACM REMOVED (for example, fibre cement, lagging, gaskets etc) and FRIABILITY (friable or non-friable)	AMOUNT OF ASBESTOS REMOVED (m ² , m ³ or tons)	PCBU AND CONTACT NUMBER WHO ENGAGED THE LICENCE HOLDER
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