WORKSAFE
Mahi Haumaru Aotearoa

FORM

Application for a controlled substance licence

Under regulation 7.1 of the Health and Safety at Work (Hazardous Substances) Regulations 2017

This form is for a new controlled substance licence, the renewal of an expired/expiring licence, or an extension to the scope of a current licence.
Please submit your application via one of these two ways:

Send by post to: Controlled substance licences, WorkSafe New Zealand, PO Box 165, Wellington 6140

Scan the application to: CSL@worksafe.govt.nz, please ensure photos are in an original JPEG or PNG format

NOTE FOR APPLICANTS

Please print clearly. Make sure the whole form is completed and all necessary documents attached – refer to the checklist at the back of this form.

A fee as set out in schedule 2 of the Health and Safety at Work (Hazardous Substances) Regulations 2017 will be charged. Once a complete application is received, WorkSafe will issue an invoice for payment of the application fee. Overseas applicants are required to pay all associated bank fees.

1. Applicant details

Name

This should be your full legal name as recorded on your birth certificate, unless your name has been legally changed. Include any other name used now or in the past and reasons for this.

First name:

Middle name(s):

Last name:

Other names used:

Reasons for other name:

☐ Tick if you have attached additional information or legal name change documentation

Age

You must be 17 years of age or over to apply for a licence.

Date of birth: DD / MM / YEAR

Address

If granted, the controlled substance licence (CSL) will be sent to your residential address. These details are also required if we need to contact you about your application. **Attach evidence of your residential address, such as a bank or utility account bill**. Your evidence of address document must be dated within six months.

Postal address: (include postcode)

Residential address: (include postcode) ☐ Same as postal address

Mobile phone:

Home phone:

Work phone:

Email:

Have you previously held a CSL ☐ Yes ☐ No

My CSL number is: CSL

Expiry date: DD / MM / YEAR

2. Evidence of identity

For applicants who have not held a CSL before

You must provide **verified^** copies of at least one primary and one supporting identity document.

- At least one of these should be a photographic identity document.

^ The documents can be verified by the issuing authority or a Justice of the Peace, registrar, court official or equivalent.

- Documents must be valid and current. Passports need to be signed.

A witness must complete the Witness verification of photo ID (Appendix 1).

Applications that are supported by primary identity documents marked with * will not need a Witness verification of photo ID (Appendix 1)

You must enclose a copy of one of the following primary documents: (tick those you have supplied)

- ○ New Zealand or Australian Passport*
- ○ Overseas Passport (with a current Immigration New Zealand Visa/Permit)
- ○ New Zealand Firearms (or Dealers) Licence*
- ○ New Zealand full Birth Certificate
- ○ New Zealand Citizenship Certificate

You must enclose a copy of one of the following supporting documents: (tick those you have supplied)

- ○ NZ Driver's Licence or International Driving Certificate
- ○ Community Services Card
- ○ Photo ID (Student ID, HANZ 18+ID, Employee ID, or similar)
- ○ Electoral Roll Confirmation of Enrolment Letter
- ○ Bank/Utility Statement (in addition to proof of address, dated within six months)

Your witness must complete the Verification of Photo ID (Appendix 1):

- ○ Witness verification of Photo ID completed and attached (Appendix 1 of this form)
- ○ Two passport quality photographs attached
- ○ One photograph is signed by my witness

For applicants who have previously held a CSL

This section applies to people who have previously held a Controlled Substance Licence and want to renew or extend the scope of their CSL.

- New photos are required, but they do not need to complete Appendix 1 (Witness verification).
- If able, please attach a copy of your Controlled Substance Licence.
- International applicants are required to submit a copy of their current Immigration New Zealand Visa/Permit.

3. Substances required

Compliance certificate

A Controlled Substance Licence cannot be valid past the expiry date of your current Certified Handler Compliance Certificate.

Note:

- a CSL can only be issued for those **substances named** on your Certified Handler Compliance Certificate
- if applying to add futher substances to your existing CSL, tick all substances required, including the ones you already hold.

If you only wish to transport the substance by road, you can hold a current dangerous goods endorsement on your driver licence instead. In this case, please provide a certified copy of your driver licence. The CSL expiry will match the driver licence D endorsement expiry.

Pilots can use a valid aerial vertebrate toxic agent rating (pilot chemical rating) if they wish to do aerial application only. In this case, they must provide a copy of their rating instead. The CSL expiry will match the expiry date of the chemical rating certificate.

Certificate number:

Expiry date: DD / MM / YEAR

- ○ Copy of Certified Handler Compliance Certificate attached **or**
- ○ **Road Transportation only** Copy of Driver's Licence with Dangerous Goods Endorsement attached **or**
- ○ **Pilots only** Copy of aerial vertebrate toxic agent rating

Vertebrate toxic agents

Tick only the substance(s) needed.

- ○ 3-chloro-p-toluidine hydrochloride (DRC1339)
- ○ Potassium cyanide
- ○ Sodium cyanide
- ○ Yellow phosphorus
- ○ Sodium fluoroacetate (1080)
- ○ Magnesium phosphide
- ○ Para-aminopropiophenone (PAPP)
- ○ Microencapsulated zinc phosphide (MZP)

TYPE OF WORK

- ○ Pest control
- ○ Other: (please describe)

Fumigants

Tick only the substance(s) needed.

- ○ 1,3-dichloropropene
- ○ 1,3-dichloropropene and chloropicrin
- ○ Chloropicrin
- ○ Aluminium phosphide
- ○ Hydrocyanic acid
- ○ Magnesium phosphide
- ○ Methyl bromide
- ○ Methyl iodide and chloropicrin
- ○ Phosphine
- ○ Ethanedinitrile (EDN)

TYPE OF WORK

- ○ Fumigation
- ○ Other: (please describe)

Explosives

Tick only the class(es) and industry type(s) needed.

CLASSES

- ○ 1.1A
- ○ 1.1B
- ○ 1.1C
- ○ 1.1D
- ○ 1.1G
- ○ 1.2C
- ○ 1.2G
- ○ 1.3C
- ○ 1.3G
- ○ 1.4A
- ○ 1.4B
- ○ 1.4C
- ○ 1.4D
- ○ 1.4E
- ○ 1.4G
- ○ 1.4S
- ○ 1.5D
- ○ Class 1

TYPE OF WORK

- ○ Construction
- ○ Demolition
- ○ Electrical supply and transmission
- ○ Explosives detection
- ○ Land operations
- ○ Mechanical/engineering processes
- ○ National security activities/operations
- ○ Oil and gas industry
- ○ Pryotechnical work
- ○ Quarrying
- ○ Other: (please describe)
- ○ Research
- ○ Seismic surveys/Exploration
- ○ Snow avalanche control
- ○ Storage for distribution
- ○ Surface mining
- ○ Transport
- ○ Tunnelling
- ○ Underground mining – coal
- ○ Underground mining – metalliferous
- ○ Underwater
- ○ Work with propellants

4. Fit and proper

You are required to complete the Fit and Proper Assessment form. This form contains potentially sensitive information. To protect your privacy and the accidential disclosure of this information, WorkSafe has separated the fit and proper assessment from the main application form.

This form can be submitted separately or together with the main application form. WorkSafe also accepts electronic versions of the Fit and Proper Assessment form emailed to: CSL@worksafe.govt.nz

5. Work need

Verification of work need

You must have a valid need for possessing the controlled substance to carry out your work and WorkSafe requires you to make a statutory declaration regarding this.

In addition, you need to provide **supporting evidence** that you require the controlled substance to carry out your work, for example, a **signed and dated letter (within 6 months)** from your employer or person you will complete work for.

Name of company or PCBU:

Phone:

Email:

Postal address: (include postcode)

6. Consent

I understand that the information I have provided on this form and on any accompanying document, or information which is obtained from other sources, is my personal information and it is collected for the purpose of assisting WorkSafe to determine my identity and eligibility for a CSL in accordance with the Health and Safety at Work (Hazardous Substances) Regulations 2017.

I acknowledge that any personal information will be processed and held by WorkSafe and that under the Privacy Act 1993 I am entitled to access this personal information and ask for correction should that be necessary.

Disclosure of personal information

I authorise WorkSafe to disclose my personal information to:

- any person, including government agencies such as the NZ Police, for the purpose of administering part 7 of the Health and Safety at Work (Hazardous Substances) Regs 2017
- any Inspector as defined by section 163 of the Health and Safety at Work Act 2015 for the purpose of administering the provisions of the Health and Safety at Work Act 2015 or its regulation and
- any government agency whose legislation requires that the personal information WorkSafe holds is released to them.

Signature of applicant:

this day of 20

7. Statutory declaration

I, (full name)

of (address in full)

Solemnly and sincerely declare that being the applicant for a controlled substance licence under regulation 7.1 of the Health and Safety at Work (Hazardous Substances) Regulations 2017, I require possession of the hazardous substances listed in the substances required section of the this application for a controlled substance licence in my name, for the purposes of my work as

You must state, in a few words, the type of work you do and why you need the substances:

I declare that the statements made in this application are, to the best of my knowledge, true, complete and correct.

I understand that a controlled substance licence (CSL) can be suspended or cancelled if the CSL is obtained by false or misleading information (or for the other reasons specified in regulation 7.5 and 7.8 of the Health and Safety at Work (Hazardous Substances) Regulations 2017). I also understand that the provision of false or misleading information may constitute an offence.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature of applicant:

Declared at: (place where you are making declaration)

this day of 20

Before me: (full name)

Signature:

- Barrister or Solicitor of the High Court of New Zealand
- Justice of the Peace
- Notary Public
- Registrar or Deputy Registrar of a New Zealand Court
- Member of Parliament
- A person authorised by law to take statutory declarations

Please stamp: (if applicable)

Appendix 1: Witness verification of photo ID

Applicant name:

TO THE APPLICANT
If you are providing a New Zealand or Australian Passport or a New Zealand Firearms Licence as a primary identity document, or held a CSL previously, then this page does not need to be completed.

To the witness
You have been asked to act as a witness for a person applying for a licence to possess controlled substances. To be a witness you must:

- be over 17 years of age
- have known the applicant for at least 12 months
- not be a relative or partner or spouse of the applicant, nor living with the applicant and
- be someone 'of standing' and trust within the community (as listed below).

If you cannot provide all the information required below or do not meet the requirements then you should not act as the witness.

Note: For international applicants the employer can act as a witness regardless of how long they have known the applicant.

Witness details

First names:

Last name:

Date of birth: DD / MM / YEAR

Place of birth: (town/city)

Phone number:

Email:

How long have you known the applicant:

How do you know the applicant:

Standing in the community

- ○ Practising lawyer
- ○ Elected official
- ○ Justice of the Peace
- ○ Current CSL holder
- ○ Registered teacher
- ○ Registered medical professional
- ○ Current firearms licence holder
- ○ Minister of religion
- ○ Applicant's employer
- ○ Kaumātua
- ○ Police officer
- ○ Registered accountant

○ I have completed the form and signed the back of one of the photographs as shown here

Certified true likeness of

(Full name of applicant)

Witness signature

Date

Witness declaration

I, (full name)

(occupation)

of (address in full)

Declare that:

- I am over 17 years of age
- I have known the applicant for at least 12 months
- I am not a relative, spouse or partner of the applicant, nor am I living with the applicant
- the information I have supplied in this Witness Vertification, is true and correct, and
- the photograph I have witnessed is of the applicant named in the application form section 7 – Applicant's details.

I consent to WorkSafe verifying any of the information provided by me, both before and after a Licence has been issued to the applicant with any relevant agencies or individuals (including, where relevant, any overseas agency or individual). I authorise:

- WorkSafe to disclose any information about me to any person, for the purpose of issuing, suspending or cancelling the applicant's licence
- the relevant agency or individual concerned to disclose any information that the agency or individual holds about me that is relevant to the issuing, suspending or cancelling of the applicant's licence
- WorkSafe to collect and hold my personal information for the purpose of assisting the application and establishing the identity of the applicant
- I acknowledge that under the Privacy Act 1993, I am entitled to access my personal information and to ask for correction should that be necessary.

Witness's signature:

Date: DD / MM / YEAR

Documentation checklist

To identity the information you are required to submit, refer to the relevant column on the right for a **new** application or a **renewal** application.

INFORMATION TYPE	NEW APPLICATION	RENEWAL APPLICATION
Application for a controlled substance licence form	○	○
Appendix 1: Witness verification of photo ID (page 5 of above form) ^ If you are providing a New Zealand or Australian passport or a New Zealand Firearms Licence as a primary identification document, the Appendix 1 page is not required	○ If required^	
Fit and proper assessment form Note: Must be signed within 3 months of submitting your application	○	○
Certified handler compliance certificate, or **Pilot aerial VTA/chemical rating (for aerial application only)**, or **D-endorsement on driver licence** (for road transportation only) Note: Your CSL can only be issued for 5 years or for the duration of your certificate, rating, or endorsement, whichever is shorter.	○	○
Two verified* copies of identification as follows: * The identity documents should be **verified/signed** as true copies of the original by either the issuing authority, a Justice of the Peace, Registrar, court official or equivalent **One** of the following **primary** documents: ○ New Zealand or Australian passport ○ New Zealand full birth certificate ○ New Zealand Firearms Licence ○ New Zealand Citizenship Certificate ○ Overseas passport (with Immigration New Zealand visa/permit) **One** of the following **supporting** documents: ○ New Zealand Driver Licence or International Driving Certificate ○ Community Services card ○ Electoral Roll Confirmation of Enrolment letter ○ Photo ID (Student ID, HANZ 18+ ID, employee ID or similar) ○ Bank/Utility statement (in addition to proof of address) Notes: – At least one form of identity should be a photographic identity – Documents must be valid and current – Passport copies need to show both pages and your passport must be signed – Copies of ID cards need to show front and back (that is, both sides of driver licence or firearms licence) – Bank/Utility documents must be dated within the last 6 months	○ ○	
2 x identical passport photos (taken within the last 12 months) Note: If required, the back of one of the photos must be signed by a witness	○	○
Evidence of address (dated within the last 6 months) For example, copy of a utility bill, bank letter etc	○	○
Evidence of work need for a CSL (signed and dated within the last 6 months) – a **signed and dated** letter from your employer confirming your employment and that you require a CSL to carry out your work – if you are self-employed, supply evidence of contract work you have secured or have recently carried out	○	○

Once a complete application is received, WorkSafe will issue an invoice for payment of the application fee.

Please refer to the WorkSafe website for further information regarding the application process for a controlled substance licence. On the website, enter the search word 'CSL', then select 'Certification of people' and 'Controlled Substance Licence': worksafe.govt.nz