

## Application for authorisation as compliance certifier (individual)

#### Form 3: Renewal application

Complete this form if you are applying as an individual to renew your authorisation as compliance certifier under Regulation 6.14 of the Health and Safety at Work (Hazardous Substances) Regulations 2017. Complete all sections of this form.

 $\textbf{Submit this form to:}\ \underline{hsapplications@worksafe.govt.nz}$ 

1. Applicant details	Personal email:	
First name(s):	Work email:	
Middle name:	Company website:	
Last name:	2. Application fee	
Other name(s) used:	Renewal compliance certifier application: <b>\$415 (GS</b> Refer to <a href="https://www.legislation.govt.nz">www.legislation.govt.nz</a>	
Reasons for other name(s):  Company name: (if applicable)	PAYMENT  Internet banking  Bill payee: WorkSafe NZ  Payment to: Westpac Account: 03-0251-00- Particulars: COMP CERT  Code: [if applicable, your Certifier TST number Reference: [your Business/Company/Application of the content of th	
New Zealand Business Number (NZBN):	3. Overall knowledge and expering hazardous substances and associated equipment (Refer to reg 6.6(1)(a))	
Trading name: (if applicable)	Provide evidence of the following documentation qualifications relevant to the substances and equ sought for authorisation:  current assessment templates for the scope a	
Address	evidence of any additional qualifications, inde	
Postal address:	and/or workshops completed over the last 5  tracking records for the handling of relevant substances  standard operation procedures for delivering certification covering equipment, procedures handling, testing, inspection	
Physical address:  Same as postal address	accreditation to relevant quality assurance st example ISO 9001, ISO 17020)  other: (specify)	
Mobile phone:		

Personal email:
Work email:
Company website:

T inclusive)

Bill payee: WorkSafe NZ	
Payment to: Westpac Acc	count: 03-0251-0040445-00
Particulars: COMP CERT	
Code: [if applicable, your	Certifier TST number]
Reference: [your Business	s/Company/Applicant name]
	e and experience with

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qua	alifications relevant to the substances and equipment being aght for authorisation:
	current assessment templates for the scope applied for
	evidence of any additional qualifications, industry training and/or workshops completed over the last 5 years
	tracking records for the handling of relevant hazardous substances
	standard operation procedures for delivering onsite certification covering equipment, procedures, systems, handling, testing, inspection
	accreditation to relevant quality assurance standard (for example ISO 9001, ISO 17020)
	other: (specify)

Note: Evidence of recent certification assessments will be considered once your renewal application is received and any associated records about your performance is reviewed (for example audits, complaints).

Home phone:

Work phone:

Te Kāwanatanga o Aotearoa New Zealand Government

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# 4. Knowledge of hazardous substances, adverse effects, gases under pressure and exposure standards

(Refer to reg 6.6(1)(a)(i),(ii), (iii) & (vii) and 6.6(2))

Briefly describe your knowledge of hazardous substances, associated classifications and adverse effects. Reference relevant documentation requested under 3. Overall knowledge and experience with hazardous substances and associated equipment, or provide additional evidence that demonstrates your knowledge:

Briefly describe your knowledge of gases under pressure. Reference relevant documentation requested under 3. Overall knowledge and experience with hazardous substances and associated equipment, or provide other evidence:

Briefly describe your knowledge of any prescribed exposure standards relating to any hazardous substances. Reference relevant documentation requested under 3. Overall knowledge and experience with hazardous substances and associated equipment.

# 5. Knowledge of the Act, functions and duties, regulations, safe work instruments and performance standards

(Refer to reg 6.6(1)(a)(iv)(v)(vi)&(viii) and 6.6(2))

List all Safe Work Instruments (SWIs) relevant to the scope of authorisation being applied for: (if applicable)

Briefly describe how these SWIs are incorporated into your assessment templates and provide evidence as per section 3.

Overall knowledge and experience with hazardous substances and associated equipment:

List all relevant performance standards relevant to the scope of authorisation being applied for:

Briefly describe how these are incorporated into your assessment templates and provide evidence as per section 3. Overall knowledge and experience with hazardous substances and associated equipment:

Briefly describe how changes to the Health and Safety at Work (Hazardous Substances) Regulations 2017 or Hazardous Substances and New Organisms (HSNO) Act 1996 have been incorporated in your certification assessment systems

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## **6. Maintenance of compliance certifier expertise** (Refer to reg 6.6 and 6.14(3))

Briefly describe how you maintain your experience with the following where applicable to your scope of authorisation.

Use of testing equipment or procedures: (operations, calibration, record keeping)
Use of operating equipment and systems: (including personal protective equipment)
Handling hazardous substances:
Testing or inspecting plant or equipment:
Testing or inspecting the design of plant or equipment:
Operating systems or plant or equipment for compliance certification:

### 7. Record keeping

(Refer to reg 6.6(1)(a)(viii) and 6.43(2)(c))

Briefly explain how your systems and processes meet the requirements of the relevant performance standards.

Reference relevant documentation requested under

3. Overall knowledge and experience with hazardous substances and associated equipment:

### 8. Fit and proper person assessment

(Refer to reg 6.7 and 6.8(2)(c))

Every applicant for compliance certifier authorisation must be assessed to determine whether the applicant is a fit and proper person to perform the functions of a compliance certifier.

The form is available on the WorkSafe website at worksafe.govt.nz

Have you completed the Fit and proper assessment form:	Yes No
Have you signed the consent for the New Zealand Police to release your personal information within the last three months:	Yes No
Have you included a certified copy of your primary and secondary identification?	Yes No

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## 9. Performing in objective manner that promotes safety (Refer to reg 6.8(2)(d))

Briefly describe how you will ensure that the functions of a compliance certifier are performed in an objective manner that promotes safety.

Reference and provide evidence demonstrating how you will address and manage impartiality, confidentiality, privacy, quality systems, complaints, notification requirements and ensure your certification work meets the requirements of the Regulations.

#### 10. Applicant's signature

#### **Declaration**

I declare that the information provided in this application is, to the best of my knowledge, true and accurate.

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. It is collected for the purpose of assisting WorkSafe to determine my identity and eligibility for authorisation as compliance certifier 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 2020 I am entitled to access this personal information and to ask for correction should that be necessary.

I understand that an authorisation as compliance certifier can be suspended or cancelled if in applying for authorisation I provided false or misleading information (or for the other reasons specified in regulation 6.15 and 6.20 of the Health and Safety at Work (Hazardous Substances) Regulations 2017) and I can, by law, be fined if I have provided false or misleading information.

I understand that the provision of false or misleading information may constitute an offence and may result in my application being declined.

#### 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 granting, varying, suspending or cancelling the authorisation which may be issued to me
- 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 regulations, and
- any government agency whose legislation requires that the personal information WorkSafe holds is released to them.

Signature:
Full legal name:
Date: DD / MM / YEAR

#### Important

WorkSafe is responsible for authorising compliance certifiers under Part 6 of the HSW (Hazardous Substances) Regulations 2017. In approving a compliance certifier, WorkSafe must be satisfied that the applicant meets the requirements specified under Part 6, Regulations 6.3, 6.5, 6.6, 6.7 and 6.8. This relates to the applicant:

- meeting the requirements for application for authorisation
- holding the appropriate qualifications
- being a fit and proper person
- performing the functions of a compliance certifier in an objective manner that promotes safety
- managing any conflict of interest that may arise.

This form has to be completed and supported with additional information to meet the requirements of the regulations.