

APPLICATION FOR EXEMPTION (OR AMENDMENT TO EXEMPTION)

Use this form to apply for an exemption (or an amendment to an exemption) from compliance with a provision of a regulation under section 220 of the Health and Safety at Work Act 2015

Person seeking exemption

Applicant name:

Phone:

Email:

Address:

Postcode:

Contact person Same as above (if different, complete the following)

Name:

Position:

Phone:

Email:

Who is the exemption for? (if different from above, eg class exemption)

What exemption are you seeking?

Title of regulation: (title of the regulations made under the Health and Safety at Work Act 2015 that you are applying for an exemption from)

Provision(s): (specific regulation number(s))

Explain the matters giving rise to the proposed exemption:

Why is an exemption needed to address these matters?
(provide the reason(s) for seeking the exemption, including the nature of your business or undertaking and how the regulation applies to you)

Attached is supporting documents/evidence

Before WorkSafe can grant an exemption, we need to be satisfied that the:

- > extent of the exemption is not broader than is reasonably necessary to address the matters that gave rise to it, and
- > exemption is not inconsistent with the purpose of the Health and Safety at Work Act 2015.

Scope of exemption sought

What is the proposed scope of this exemption?
(eg when/where/how often would it apply)

Explain why this scope is appropriate:

Purpose of Act

Outline your assessment of any work health and safety risks that would result from non-compliance with the regulations and how you propose to control these.

The risks to health and safety are:

The proposed controls are:

Please provide other comment on consistency with the purpose of the Act.

Declaration

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

Legal name:

Date: DD / MM / YEAR

Where to send your completed application

Fill in the PDF version (or print, complete and scan this form).
Email your application form and supporting documents to
WorkSafe New Zealand:
exemption@worksafe.govt.nz

Post your application form and supporting documents to:

WorkSafe New Zealand
CAR Team
Exemption
PO Box 165
Wellington 6140