

## Application for authorisation as compliance certifier (body corporate)

Under Regulation 6.5 of the Health and Safety at Work (Hazardous Substances) Regulations 2017

**Email:** [hsapplications@worksafe.govt.nz](mailto:hsapplications@worksafe.govt.nz) **Post:** WorkSafe New Zealand, PO Box 165, Wellington 6140

Complete this form if you are a body corporate applying for authorisation as compliance certifier, renew or vary your authorisation as compliance certifier.

### IMPORTANT

WorkSafe New Zealand 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 Regulations 6.5, 6.6, 6.7 and 6.8. These relate to the applicant:

- meeting the requirements for application for authorisation
- holding the appropriate qualifications
- being a fit and proper person
- being accredited by International Accreditation New Zealand to a recognised industry standard
- 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.

Assessment forms (Annexes A - F) are available to support your application and confirm that your body corporate holds the appropriate qualifications for the scope applied for. These forms may be used in addition to obtaining accreditation by International Accreditation New Zealand (IANZ) to a recognized industry standard.

The fees relevant to compliance certifier applications are set out in Schedule 2 of the HSW (Hazardous Substances) Regulations 2017.

Refer to the Guide for compliance certifier authorisation (Body Corporate) for more information on the application process. This guide is available on the WorkSafe website or can be requested from the Hazardous Substances information line on 0800 376 234, or by email: [hsapplications@worksafe.govt.nz](mailto:hsapplications@worksafe.govt.nz)

## 1. Applicant details

### Name

Company name:
Trading name:
New Zealand Business Number (NZBN): <div style="display: flex; justify-content: space-between; width: 100%; height: 20px;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div>
Full legal name of company's officer(s):

Postal address:
Physical address: <input type="radio"/> Same as postal address
Company phone:
Company Fax:
Company email:
Company website:
Contact person for this application:
Phone:
Mobile:
Email:

### Address

Registered Address:
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OFFICE USE ONLY	
Application number:	Fees Paid: \$
Date received: DD / MM / YEAR	Date paid: DD / MM / YEAR

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## 2. Type of application

Are you applying to:

Become a new compliance certifier	<input type="radio"/> Yes <input type="radio"/> No	If 'Yes', complete all sections excluding section 5
Renew your compliance certifier authorisation (with no changes)	<input type="radio"/> Yes <input type="radio"/> No	If 'Yes', complete all sections excluding section 5
Renew your compliance certifier authorisation (with changes)	<input type="radio"/> Yes <input type="radio"/> No	If 'Yes', complete all sections and specify the changes requested under section 5
Vary the scope/condition(s) of your authorisation	<input type="radio"/> Yes <input type="radio"/> No	If 'Yes', complete sections 4 to 9

## 3. Scope of authorisation

- Select the scope for which you are applying to issue compliance certificates under the HSW (Hazardous Substances) Regulations 2017.

Please note that every category applied for must be consistent with your accreditation by IANZ.

Refer to Part 4 Section 3 of the *Guide for compliance authorisation (Body Corporate)* for more information about the scope available for authorisation.

### Approved fillers

- Cylinders
- Stationary tanks

### Cylinders

- Cylinder design verification
- Cylinder importation
- UNRTDG cylinder importation (Schedule 19)
- Cylinder pre-commissioning
- LPG fitting

### Certified handlers

- Class 1**  
LIFECYCLE PHASES:  
 manufacture  use  storage  transport  disposal
- Class 6 (Agrichemicals)**  
LIFECYCLE PHASES:  
 manufacture  use  storage  transport  disposal
- Class 6 (Fumigants)**  
LIFECYCLE PHASES:  
 manufacture  use  storage  transport  disposal

- Class 6 (Vertebrate Toxic Agents)**  
LIFECYCLE PHASES:  
 manufacture  use  storage  transport  disposal
- Class 6 (Industrial Chemicals)**  
LIFECYCLE PHASES:  
 manufacture  use  storage  transport  disposal

### Class 1

- Class 1 container design (magazines)
- Class 1 container construction (readily moveable containers)
- Detonation and deflagration in darkness
- Blast over pressure and hazard
- Outdoor pyrotechnic displays

### Locations

- Class 1
- Classes 2.1.1, 2.1.2 or 3.1
- Classes 3.2 or 4
- Classes 5.1.1 or 5.1.2
- Class 5.2
- Classes 6 or 8

### Tank wagons and transportable containers

- Design
- Pre-commissioning
- In-service

### Stationary container systems

- Compliance plan
- Installation of stationary container systems
- Vapourisers
- Burning of class 3.1 substances
- Burners
- Transfer point pipework
- Repair, alteration and maintenance
- Dispenser
- Design and fabrication
- Fabricator

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## Others

Please specify

## 4. Person(s) engaged to perform certification

- Specify the name of the person(s) engaged to perform the functions of a compliance certifier for your body corporate.

Every person referred to below must be assessed and accredited by IANZ for the purpose of demonstrating suitable qualifications for all (or parts) of the categories selected for authorisation.

Refer to Part 4 Section 4 of the *Guide for compliance authorisation (Body Corporate)* for information about engaging a person to perform the functions of a compliance certifier.

Full legal name:

Full legal name:

Full legal name:

Full legal name:

## 5. Variation of scope and/or conditions

- Specify any variation(s) to be introduced to your current authorisation and provide reasons.

Refer to Part 4 Section 5 of the Guide for compliance authorisation (Body Corporate) for information about variation of scope and/or conditions.

Variation of scope:

Variation of conditions:

## 6: Accreditation

WorkSafe requires that a body corporate applying for authorisation as compliance certifier is accredited by International Accreditation New Zealand (IANZ) to AS/NZS ISO/IEC 17020.

- Specify whether your body corporate has been accredited by IANZ.

Refer to Part 4, Section 6 of the *Guide for compliance authorisation (Body Corporate)* for information on accreditation by IANZ to a recognised industry standard.

Is your company accredited to AS/NZS ISO/IEC 17020?  Yes  No

If 'Yes', have you provided evidence of accreditation by IANZ.  Yes  No

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## 7. Fit and proper person assessment

WorkSafe requires that the applicant, each officer of the applicant and every individual employed or engaged to perform the functions of a compliance certifier undergo a fit and proper assessment to meet the requirement of the Regulations.

- Specify whether you have supplied in your application form information, including the *Fit and proper assessment* form, for WorkSafe to undertake a fit and proper assessment.

Refer to Part 4 Section 7 of the *Guide for compliance authorisation (Body Corporate)* for information about the fit and proper assessment.

Have you provided information about your body corporate's criminal history, any criminal proceedings pending against it and any record of health and safety non-compliance history?	<input type="radio"/> Yes	<input type="radio"/> No
Has each officer of the body corporate completed the Fit and proper assessment form	<input type="radio"/> Yes	<input type="radio"/> No
Has every person employed or engaged to perform the functions of a compliance certifier completed the Fit and proper assessment form	<input type="radio"/> Yes	<input type="radio"/> No

## 8: Consideration of your application

The applicant may and, if WorkSafe so requires, must appear and be heard in relation to the application.

- Specify whether you would like to be heard on your application and if so whether you would like to do so in person or by phone.

Refer to Part 4, Section 8 of the *Guide for compliance authorisation (Body Corporate)* for more information about attendance to the consideration of your application.

## 9: Applicant's signature

As a body corporate applying for authorisation as a compliance certifier, a signature from an officer representing the body corporate is required.

- Sign and date the form for authorisation as compliance certifier (body corporate) once you have read and agreed with the terms listed below.

## Declaration

I declare that I am authorized to complete this application form on behalf of the applicant.

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 personal to the applicant, each officer and every person employed or engaged to perform the functions of a compliance certifier. It is collected for the purpose of assisting WorkSafe to determine the identity and eligibility of the applicant, each officer and every person employed or engaged 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 1993 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 the applicant.
- 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:

Name:

Date: DD / MM / YEAR