

# APPLY FOR A REVIEW OF A REVIEWABLE DECISION

This request is made under regulation 94 of the Health and Safety at Work (Asbestos) Regulations 2016



**Important:** This review application must be submitted within 28 days after the date on which WorkSafe gave written notice of the decision.

## Applicant/Licence holder details

Full legal name:	
Trading name: <i>(if different from above)</i>	
New Zealand Business Number (NZBN): <i>(if applicable)</i>	<input type="text"/>
Asbestos licence number: <i>(if applicable)</i>	

Contact person:

Title:	First name:	Last name:
Work phone:	Mobile phone:	
Work email:		

## Details of the reviewable decision

Date on which WorkSafe gave written notice of the decision:
Select the decision this application relates to <i>(if the decision is not listed here it is not a reviewable decision, under regulation 93):</i>
An applicant may apply for the review of the following decisions:
<input type="radio"/> Request to approve a relevant method for managing risk associated with asbestos (under regulation 8)
<input type="radio"/> Refusal to grant licence (under regulation 64 or 68)
<input type="radio"/> Imposition of condition when granting or renewing a licence (under regulation 69)
<input type="radio"/> Refusal to renew a licence (under regulation 83)
A licence holder may apply for the review of the following decisions:
<input type="radio"/> Refusal to approve the nomination of a supervisor (under regulation 74(2))
<input type="radio"/> Amendment of a licence, on WorkSafe's initiative (under regulation 75)
<input type="radio"/> Refusal to amend a licence on application (or a decision to make a different amendment) (under regulation 76)
<input type="radio"/> Refusal to issue replacement licence document (under regulation 80)
<input type="radio"/> Suspension of licence (under regulation 86)
<input type="radio"/> Cancellation of licence (under regulation 86)
<input type="radio"/> Disqualification of licence holder from applying for another licence (under regulation 86)

## APPLY FOR A REVIEW OF A LICENCE DECISION

Provide the grounds on which the decision should be reviewed and include any additional information to support your review request:

### Declaration

To the best of my knowledge, the information provided in this request is true and correct.

Name:  
*(first name, last name)*

Date:

Note: the above declaration is considered to be an electronic signature that is reliable as appropriate for the purpose of this notification

### Where to send your completed form

Fill in the PDF version (or print, complete and scan this form). Once completed email it along with any additional information, to WorkSafe New Zealand:

asbestos@worksafe.govt.nz

If emailing this form is not practical you may post it to:

WorkSafe New Zealand  
CAR Team  
Asbestos Licensing  
PO Box 165  
Wellington 6140