

Application for authorisation as compliance certifier (individual)

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

Email: hsapplications@worksafe.govt.nz **Post:** WorkSafe New Zealand, PO Box 165, Wellington 6140

Complete this form if you are applying as an individual to become a 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 Part 6, Regulations 6.3, 6.5, 6.6, 6.7 and 6.8. This relate 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.

Assessment forms (Annexes A-F) are available for you to use to support your application and demonstrate you hold the appropriate qualifications for the scope applied for.

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 (Individual) 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

1. Applicant details

Name

First name(s):																				
Middle name:																				
Last name:																				
Other name(s) used:																				
Reasons for other name(s):																				
Company name: (if applicable)																				
New Zealand Business Number (NZBN):																				
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Trading name: (if applicable)																				

Address

Postal address:
Physical address: <input type="radio"/> Same as postal address
Mobile phone:
Home phone:
Work phone:
Fax:
Personal email:
Work email:
Company website:

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

Application for authorisation as compliance certifier (individual)

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 4, 9 and 10
Renew your compliance certifier authorisation (with no variation)	<input type="radio"/> Yes <input type="radio"/> No	If 'Yes', complete sections 3, 5, and 9 to 12
Renew your compliance certifier authorisation (with variation)	<input type="radio"/> Yes <input type="radio"/> No	If 'Yes', complete all sections
Vary the scope/condition(s) of your authorisation	<input type="radio"/> Yes <input type="radio"/> No	If 'Yes', complete sections 4 to 8 and 11 to 12

3. Scope of authorisation

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

Please note that you must demonstrate sufficient qualifications for the scope selected for authorisation.

More information about the scope available for authorisation is available under Part 4 Section 3 of the Guide for compliance authorisation (individual).

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

Application for authorisation as compliance certifier (individual)

Others

Please specify

4. Variation of scope and/or conditions

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

Variation of scope:

Variation of conditions:

5. Fit and proper person assessment

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 (Regulation 6.8(2)(c) of the Regulations).

The *Fit and proper assessment form* is available on the Worksafe website and must be completed to support your application for authorisation.

Have you completed the Fit and proper assessment form? Yes No

Have you signed within the last three months the consent for the New Zealand Police to release your personal information? Yes No

Refer to Part 4 Section 5 of the Guide for compliance authorisation (individual) for more information on the fit and proper assessment.

6. Knowledge of hazardous substances, adverse effects and gases under pressure

- Describe your knowledge of hazardous substances, associated classifications and adverse effects.
- Describe your knowledge of hazards and risks associated with gases under pressure (if applicable)
- Provide evidence demonstrating your knowledge, including any relevant training or qualifications gained or third party assessment completed. The evidence must apply to all substances or gases under pressure applied for authorisation.
- If applicable, complete and attach Annex A: Assessment – hazardous substances and/or Annex B: Assessment – Gases under pressure.

Refer to Part 4 Section 6 of the Guide for compliance authorisation for information on how to demonstrate your knowledge.

Knowledge of hazardous substances, hazard classifications, adverse effects and, hazards and risks associated with gases under pressure.

7. Knowledge of the Act, functions and duties, regulations, safe work instruments, prescribed exposure standards and performance standards

1. Describe your knowledge of the purpose of the Act and relevant duties and liabilities under it, the functions and duties of a compliance certifier, relevant requirements in the regulations and safe work instruments, prescribed exposure standards and performance standards.
2. Provide evidence demonstrating your knowledge of the legislation and the requirements that have to be met, including any relevant training or qualifications gained or third party assessment completed.
3. If applicable, complete and attach Annex C: Assessment - HSW legislation.

Refer to Part 4 Section 7 of the Guide for compliance authorisation (Individual) for information on how to demonstrate your knowledge.

Functions and Duties of a compliance certifier

Health and Safety at Work (Hazardous substances) Regulations

Safe work instruments

Prescribed exposure standards

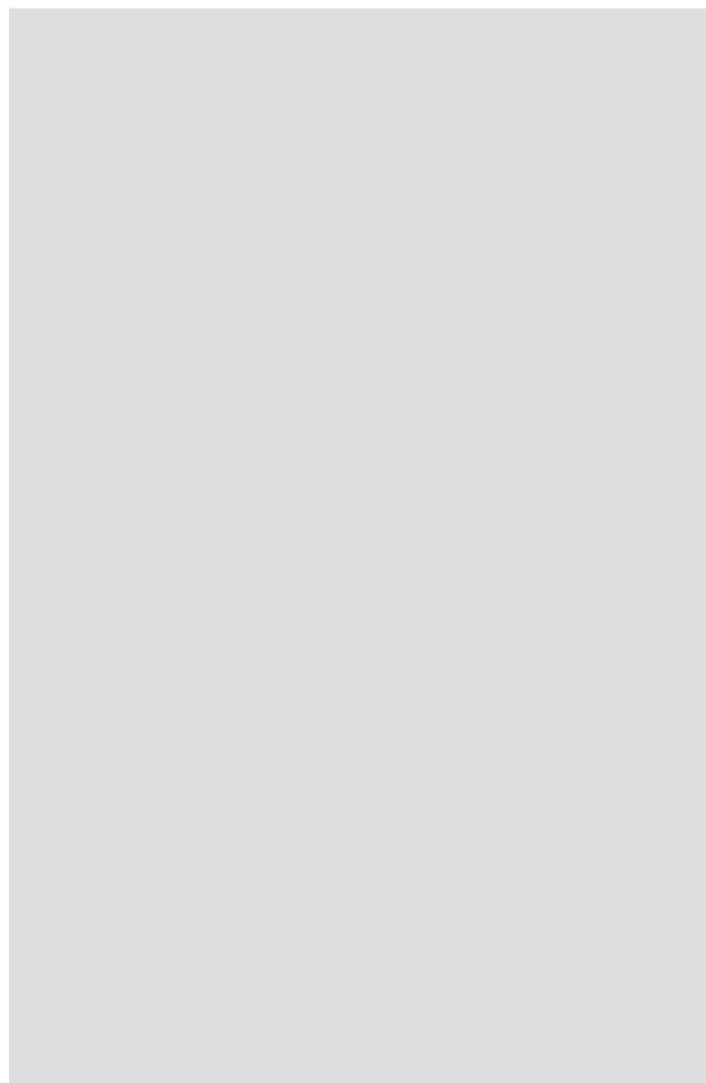
Performance standards

8. Experience with equipment, procedures, systems, handling, testing, inspection or design

1. Describe your experience with:
 - the use of testing equipment or procedures (operations, calibration, record keeping)
 - the 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
2. Provide evidence demonstrating your experience, including any relevant training or qualifications gained or third party assessment completed.

If applicable, complete and attach Annex D: Experience with equipment, procedures, systems, handling, testing, inspecting, design and/or Annex E: Handler/filler assessment expertise and/or Annex F: Statutory declaration - practical experience signed by your supervisor(s).

Refer to Part 4 Section 8 of the Guide for compliance authorisation (Individual) for information on how to demonstrate your experience.

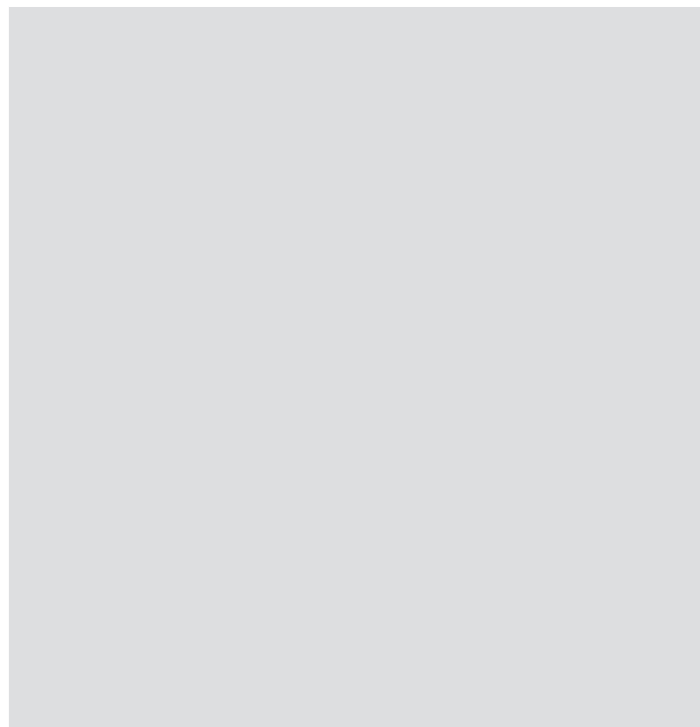


9. Maintenance of compliance certifier expertise

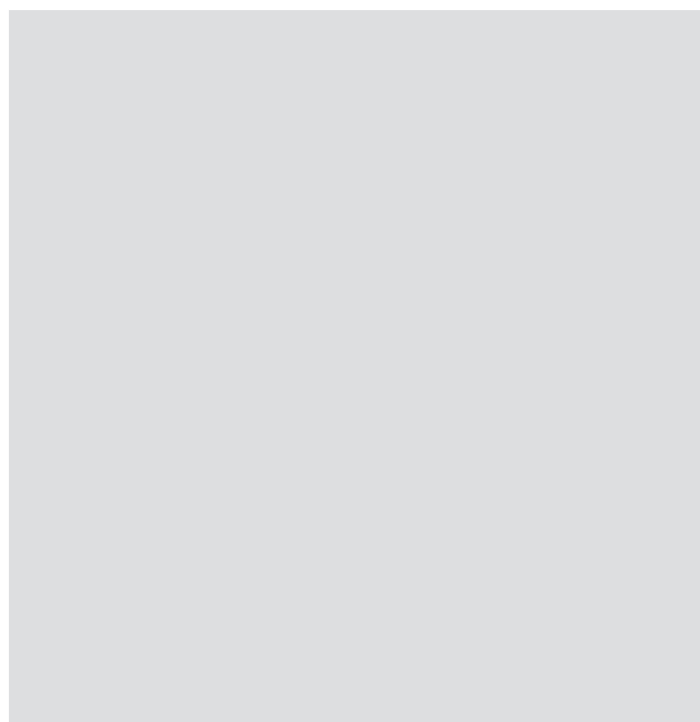
If applying to renew your authorisation, describe how you have maintained your expertise during the term of your authorisation, including changes to regulatory requirements, attendance to compliance certifier workshops and additional qualifications.

Refer to Part 4 Section 9 of the Guide for compliance authorisation (Individual) for information about maintenance of expertise.

Maintenance of expertise



Attendance at workshops



Additional qualifications

10. Record keeping

Describe your systems and processes for maintaining records relevant to the issuance of compliance certificates.

Refer to Part 4 Section 10 of the Guide for compliance authorisation (Individual) for more information about record keeping.

11. 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.

Do you wish to be heard on your application? Yes No

If 'Yes', in person or by phone

Refer to Part 4 Section 11 of the Guide for compliance authorisation (Individual) for information about consideration of your application.

12. 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 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 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:

Name:

Date: DD / MM / YEAR