

APPLICATION FOR A DISPLAY OPERATOR LICENCE 2015/2016

Application Queries

For further information, please contact WorkSafe ACT during business hours quoting the following details, 'Display Operators Licence/Application for a Licence to Use Explosives':

Access Canberra
255 Canberra Avenue,
FYSHWICK ACT 2609

Telephone: (02) 6207 3000
E-mail: dangeroussubstances@act.gov.au

The fee for this application is \$.00 (GST exempt)

The WorkSafe ACT ABN is: 98 636 852 025

Please note:

Please nominate the period you require the licence for by selecting box for 1, 2 or 3 years.

Note: the fee per year is \$763.00 and is to be multiplied by the number of years selected.

EG: 1year = \$793.00, 2 years = \$1,586.00, 3 years = \$2,379.00 .

1 Year 2 Years 3 Years
\$793.00 \$1,586.00 \$2,379.00

Proposed Licensee's Name:

Option 1: In Person

Access Canberra
255 Canberra Avenue
FYSHWICK ACT 2609

Option 2: Mail

WorkSafe ACT,
Dangerous Substances
GPO Box 158 CANBERRA CITY
ACT 2601

Option 3: Fax

WorkSafe ACT
(02) 6205 0336

Option 4: Email *

Payment cannot be accepted via email.
Remove and submit this page for payment
through Option 1, 2 or 3. Submit remainder
of application to:
dangeroussubstances@act.gov.au

Provide a mailing address:

Note: if option 2 or 3 is the method of payment, provide your mailing address to post tax invoice.

Confirmation of Application Submission (Complete for Option 4 only - Application submitted by Email)

I confirm that the Application has been emailed to Dangerous Substances.

Contact Person's Name

Contact Person's Signature

Date

Payment by Cheque or Money Order (Not applicable for Option 3 - payment via fax)

Please make payment payable to 'Access Canberra'.

Credit Card Payment Authority

Please charge payment to my MasterCard Visa Card

MM/YYr

Card no:

Expiry date:

CCV (last 3 digits on the back of the card above the signature block:

Card Holders Authorisation

I consent to Access Canberra debiting the following amount from my credit card to the value of: \$.00

Cardholders full name: _____

Contact Number: _____

Signature: _____

Dated: _____

APPLICATION FOR A DISPLAY OPERATOR LICENCE 2015/2016

General Information and Instructions

What must be included in the application:

The application must include all of the relevant information required from the *Dangerous Substances (Explosives) Regulation 2004*, and any other information required by this application form.

Note the following information:

1. This application, and any permit issued a result of the application, is for the purpose of a Display Operator Licence.
2. This application should be submitted to WorkSafe ACT, with all required documentation, at least **76 days prior** to a Fireworks Display.
3. Only authorised fireworks may be used under this licence
4. Processing of the application will not commence until payment of the prescribed fee has been made (if paying by cheque, the permit will not be issued until the funds are cleared).
5. A permit will not be issued until payment of the prescribed fee has been made (if paying by cheque, the permit will not be issued until the funds are cleared).
6. This licence will be valid only in the Australian Capital Territory and will not transferable.
7. This application, and any permit issued as a result of the application does not specifically or by implication authorise the registration, import, store or supply any explosive.
8. If any information or document provided with this application is false or misleading, then the Director General may take disciplinary action under Part 4.4 of the *Dangerous Substances Act 2004*.

Collection and Use of Personal Information:

Access Canberra WorkSafe ACT is collecting the information on this form to process your application request for a Display Operator Licence under section 304 of the *Dangerous Substances (Explosives) Regulation 2004*. The information provided will assist in making decisions as to the suitability of the applicant to be licensed in accordance with the Regulation.

Other information may be disclosed to Commonwealth, State and Territory government agencies with responsibility for decisions that involve, or are impacted on by, a Display Operator Licence. WorkSafe ACT may also disclose personal information to any person who is authorised by law to obtain it.

Australian Federal Police (AFP) and Australian Security Intelligence Organisation Security Assessment (ASIO) Checks:

It is a requirement of this application that a combined AFP and ASIO security assessment specifying the handling of explosives ('*Check*') be lodged through the AFP by the proposed licensee and any responsible person to be named on the licence. This Check applies to the proposed licensee where the application is lodged as an 'Individual' and any person who is to be a responsible person for the explosives. If this application is lodged by a Corporation /Partnership', a combined AFP and ASIO security assessment specifying the handling of explosives ('*Check*') be lodged by the responsible person(s) for the 'Corporation/Partnership', and also lodge and provide a copy of an AFP name check for the 'Corporation/Partnership'.

In addition, the Director General reserves the right to require the proposed licensee to provide a recent Check on any close associates of the proposed licensee if the proposed licensee is a business.

Should the proposed licensee or any responsible person to be named on the licence lodge a standard AFP Police Name check, the result cannot be accepted by WorkSafe ACT and shall require a re-lodge for the appropriate Check. This would result in a delay to the licence application process.

Form Completion Note: At '*Section iv - specify position/entitlement*' of the '*National Police Check application form*', the proposed licensee and any responsible person to be named on the licence must specify '*Handling of explosives*' and render the correct fee, to generate the required Check.

Copies of the AFP 'National Police Check application form' can be obtained from WorkSafe ACT.

Before signing and submitting this application, please read all information on Pages 1 to 3 of this application. Unsigned or incomplete applications or applications not accompanied by the required documentation or fee, where applicable, shall be returned to the proposed licensee for rectification.

OFFICE USE ONLY

Checklist complete?

Y / N

Fee paid?

Y / N

Receipt No?

Receipt date:

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1. Application Checklist

The Director General need not consider an application that is incomplete or does not provide all of the required information. To assist in ensuring that all relevant information is provided, please complete the following checklist.

- Application Payment (Mandatory) - please provide payment details as outlined on the first page of the Application.
- Application Form (Mandatory) - completed and signed. If submitting electronically (disc or email), the Application must be signed with an electronic signature or a signed hard copy of the appropriate Application page must be provided.

Attachments/Other Documents

- AFP & ASIO Check (Mandatory) - refer to '*General Information and Instructions*'.
- Identification Papers (Mandatory) - a document (or documents) that show, for the proposed (Individual) licensee and each responsible person to be named on the Licence, their age and residential address. Refer to '*Section 3*' for further information.
- Safety Management System (Mandatory) - refer to '*Section 7*'.
- Training Course (Mandatory) - refer to '*Section 8*'.
- Details of Fireworks (Mandatory) - refer to '*Section 9*'.
- Special Effects or Procedures for Fireworks (Mandatory) - refer to '*Section 10*'.
- Experience and Knowledge with Fireworks (Mandatory) - refer to '*Section 11*'.

2. Statement of Application (declaration and consent): To the Director General

The Statement of Application is to be signed by, where the proposed licensee is an Individual, by the proposed licensee. Where the proposed licensee is a Corporation or Partnership, it is to be signed by a partner or director of the entity.

I declare that all relevant details provided by me in this application are true and correct and have been provided with the knowledge and belief that it is an offence to provide false or misleading information in the application for the licence.

I give consent to the collection and use of personal information by WorkSafe ACT for the purposes outlined in the section headed '*Collection and Use of Personal Information*' in this form.

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Statement complete?

Y / N

Date application received?

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Signature:

Name of the Corporation, if applicable:

Name of signatory in capitals:

Trading Name, if applicable:

Date application signed:

3. Details of Proposed Licensee

The proposed licensee is the name of the Individual that the licence will be issued to. Where the proposed licensee is identified as an individual, the licence will be issued to the individual named at Section 3 - for example, 'John Smith'.

Full name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	OFFICE USE ONLY DS(Exp)Reg2004 s.304 (a) Licensee type? Individual Section Completed? Y / N
Date of birth:		
Telephone No: ()	Facsimile No: ()	
Mobile No:		
Email address:		
Residential address (include postcode):	Postal address (include postcode):	
Provide copies of identification papers for the Individual licensee: Note: a document (or documents) that shows the proposed licensee's name, age and residential address.		
Contact Person (in relation to this application):		Attached: <input type="checkbox"/>

4. Close Associates

4a) Provide the names of all 'Close Associates' of the Corporation/Partnership as prescribed in section 48 of the <i>Dangerous Substances Act 2004</i> :	OFFICE USE ONLY DS Act 2004 s.48 Section Completed? Y / N
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5. Determination of Proposed Licensee as a Suitable Person

Provide the following information as prescribed in section 49 of the <i>Dangerous Substances Act 2004</i> that the Director General needs to consider when determining if the proposed licensee is a suitable person for the purposes of the Application. Note: the aim of the Spent Conviction Scheme is to prevent discrimination on the basis of certain previous convictions. For further information, refer to the Australian Federal Police (AFP) website at www.afp.gov.au or the 'AFP National Police Check application'.	OFFICE USE ONLY DS Act 2004 s.49 Section Completed? Y / N
5a) Has the proposed licensee, or a close associate of the proposed licensee, or a corporation of which the proposed licensee was at the relevant time an executive officer, supplied information or a document that was false or misleading in a material particular in relation to the <i>Dangerous Substances Act 2004</i> ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Note: if yes, the proposed licensee must provide full and accurate details including any action taken as a result of the provision of false or misleading information by the regulator or other agency.	
5b) Is the proposed licensee, or a close associate of the proposed licensee, or a corporation of which the proposed licensee was an executive officer, disqualified under the <i>Dangerous Substances Act 2004</i> or a corresponding law, from holding a licence?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Note: if yes, the proposed licensee must provide full and accurate details, including type of licence, date declared disqualified and the reasons given for disqualification.	

<p>5c) Has the proposed licensee, or a close associate of the proposed licensee, or a corporation of which the proposed licensee was at the relevant time an executive officer, contravened the <i>Dangerous Substances Act 2004</i> or a corresponding law?</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	<p>OFFICE USE ONLY DS Act 2004 s.49 Section Completed?</p>
<p>Note: if yes, the proposed licensee must provide full and accurate details of the contravention, including any results of the contravention, such as dangerous occurrence or injury, and any action taken to correct the contravention, including action taken by the regulator or other agency.</p>		<p>Y / N</p>
<p>5d) Has the proposed licensee, or a close associate of the proposed licensee, or a corporation of which the proposed licensee was at the relevant time an executive officer, failed to comply with a condition of a licence or other authority under the <i>Dangerous Substances Act 2004</i>, or a corresponding law (whether or not this failure to comply resulted in a conviction or finding of guilt for the failure to comply)?</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	
<p>Note: if yes, the proposed licensee must supply full and accurate details of the breach of conditions, including the condition breach, how the breach occurred, the results of any breach, such as a dangerous occurrence or injury, and any action taken to correct the breach, including action taken by the regulator or other agency.</p>		
<p>5e) Has the proposed licensee, or a close associate of the proposed licensee, had action taken against them under Part 4.4 (Disciplinary action) of the <i>Dangerous Substances Act 2004</i>?</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	
<p>Note: if yes, the proposed licensee must supply full and accurate details of the action taken and the reasons the action was taken.</p>		
<p>5f) Has the proposed licensee, or a close associate of the proposed licensee, or a corporation of which the proposed licensee was at the relevant time an executive officer, been convicted or found guilty in the ACT or elsewhere, within the five years prior to this application, of an offence involving a dangerous substance?</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	
<p>Note: if yes, the proposed licensee must provide full and accurate details, including any penalty and/or sentence imposed. Refer to the note about the Spent Conviction Scheme for further information.</p>		

5g) Has the proposed licensee, or a close associate of the proposed licensee, been convicted or found guilty in the ACT or elsewhere, within the five years prior to the application, of an offence involving		OFFICE USE ONLY DS Act 2004 s.49 Section Completed? Y / N
<ul style="list-style-type: none"> a firearm? actual or threatened violence? fraud or dishonesty? 	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Note: if yes, the proposed licensee must provide full and accurate details, including any penalty and/or sentence imposed. Refer to the note about the Spent Conviction Scheme for further information.		
5h) Has the proposed licensee, or a close associate of the proposed licensee, within the five year period prior to this application, been subject to a protection order or corresponding protection order (other than an order that has been revoked or for which an appeal against the making of the order has been made)?		
Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Note: if yes, the proposed licensee must supply full and accurate information about the protection order or corresponding protection order, including the conditions of the order, the date the order was issued, and the time period of the order.		
6. Passport Photos		
6a) Has the proposed licensee provide 2 passport size photos	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	OFFICE USE ONLY DS(Exp)2004 s.304 (b) Section Completed? Y / N
7. Safety Management System		
7a) Attach documentation describing a Safety Management System for the use of fireworks under the licence for fireworks displays.		OFFICE USE ONLY DS(Exp)2004 s.304 (c) Section Completed? Y / N
Note: As prescribed in section 19 of the <i>Dangerous Substances Act 2004</i> , the Safety Management System must consist to:		
<ul style="list-style-type: none"> identify the hazards associated with the explosives; identify and assess the risks resulting from the hazards; control the risk by eliminating, or minimising, the risk as far as is reasonably practicable; provide for how compliance with the system is to be documented; and complies with any requirement prescribed by regulation (either in addition to or instead of a requirements mentioned in section 19, paragraphs (a) to (d) of the <i>Dangerous Substances Act 2004</i>. 	Attached: <input type="checkbox"/>	

8. Training Course

8a) Has the proposed licensee attended an approved interstate course.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	OFFICE USE ONLY DS(Exp)2004 s.304 (d) Section Completed? Y / N
8b) Has the proposed licensee received an interstate licence	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
8c) Provide details of any training course(s) that the applicant has attended in the use of fireworks.		
8d) Attach a copy of the Certificate of Training.	Attached: <input type="checkbox"/>	

9. Details of Fireworks

9a) Provide details of the kind of fireworks the applicant intends to use in the fireworks display. Eg: Ground Display 75mm, Aerial Shells 300mm, Aerial Shells 75mm.		OFFICE USE ONLY DS(Exp)2004 s.304 (e) Section Completed? Y / N
Kind of Fireworks	Maximum Size of Fireworks	

10. Details of Special Effects or Procedures for Fireworks

10a) Provide details of any special effects or procedures using fireworks or pyrotechnics substances in a fireworks display.

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DS(Exp)2004
s.304 (f)

Section Completed?

Y / N

11. Details of Applicant Experience and Knowledge of Fireworks

11a) Provide details of the applicants experience and knowledge in using the kinds and sizes of fireworks for a display.

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DS(Exp)2004
s.304 (g)

Section Completed?

Y / N

Note: For the kind of fireworks, refer to question 9

END OF APPLICATION