

Pre-requisite for renewal of asbestos licence >

Please complete this form and attach it to your application for renewal of asbestos removal licence (FM010).

Applicant's name _____

Address _____

Licence number _____

Telephone number _____

Date _____

Please fill in the following table listing six (6) projects completed for the past two (2) years

Project name and address	Client	Project duration days/hours	Type of asbestos (sheeting/friable) quantity removed	Contact person

Contact: NT WorkSafe
 First floor, Darwin Plaza building
 41 Smith Street
 The Mall, Darwin 0800

Telephone: 1800 019 115

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