



WORKSAFE VICTORIA

# APPLICATION FOR LICENCE TO USE A SCHEDULED CARCINOGEN

June 2007

Office use  
only checklist  
(please circle)

Please refer to General Information and Instructions at the end of this form for guidance on completing and submitting this application.

<p><b>1. Licence Application (Tick one)</b></p> <p><b>I wish to apply for:</b></p> <p><input type="checkbox"/> A licence to Use a Scheduled Carcinogen</p> <p><input type="checkbox"/> Renewal of my Licence      Licence No: <input style="width: 100px;" type="text"/>      Date of Expiry: <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/></p> <p><input type="checkbox"/> Amendment to my Licence      Licence No: <input style="width: 100px;" type="text"/>      Date of Expiry: <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/></p> <p><b>Type of Licence:</b></p> <p><input type="checkbox"/> Class 1 (Schedule 1 carcinogen in laboratory only)</p> <p><input type="checkbox"/> Class 2 (Schedule 2 carcinogen in workplace other than laboratory)</p> <p><input type="checkbox"/> Class 3 (Schedule 2 carcinogen in laboratory only)</p>	<p>Part 1 complete? Y N</p>
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<p><b>2. Applicant Details</b></p> <p><b>a. Complete if the applicant is a Natural Person</b></p> <p>Family Name <input style="width: 250px;" type="text"/>      Given Names <input style="width: 500px;" type="text"/></p> <p>Trading As (if applicable) <input style="width: 800px;" type="text"/></p> <p>Residential Address <input style="width: 800px;" type="text"/>      Postcode <input style="width: 100px;" type="text"/></p> <p>Postal Address <input style="width: 800px;" type="text"/>      Postcode <input style="width: 100px;" type="text"/></p> <p>Telephone (BH) <input style="width: 250px;" type="text"/>      Telephone (AH) <input style="width: 250px;" type="text"/>      Mobile <input style="width: 250px;" type="text"/></p> <p>Facsimile <input style="width: 250px;" type="text"/>      Email <input style="width: 500px;" type="text"/></p>	<p>Part 2 complete? Y N</p> <hr/> <p>Details verified to ID? Y N</p> <hr/> <p>ID Ref. _____</p> <hr/> <p>Trim No. _____</p>
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## 2. Applicant Details (continued)

### b. Complete if the applicant is not a Natural Person

Full Legal Name of Organisation

Trading As

Registered Address

Postcode

Postal Address

Postcode

Contact Person Name

Telephone

Facsimile

Email

## 3. Workplace Details

Workplace Address (where carcinogenic substances are intended to be used)

Postcode

Number of Employees who Might be Exposed to the Carcinogenic Substance

Is the Workplace a Laboratory?

Yes

No

Part 3  
complete?  
Y N

## 4. Details of Scheduled Carcinogen Intended to be Used

Name of Carcinogen

Schedule 1

Schedule 2

Quantity of Scheduled Carcinogen Intended to be Used per Year

Number of Employees who may be Exposed to the Scheduled Carcinogen

Name and Address of Intended Supplier(s) of the Scheduled Carcinogen (if insufficient space, attach further details)

Postcode

Purpose(s) for which the Scheduled Carcinogen is Intended to be Used

Please State why Elimination or Substitution of the Scheduled Carcinogen is not Practicable  
(if insufficient space, attach further details)

Part 4  
complete?  
Y N



## General Information and Instructions

1. The VWA cannot process applications from a person whose identity has not been verified. If you have not previously done so, you must complete and submit an Identification Form – Natural Person or an Identification Form – Non-Individual with this application.
2. This form is for persons applying for a Licence to use Schedule 1 Carcinogen in a laboratory, or a Schedule 2 Carcinogen in a workplace other than a laboratory, or a Schedule 2 Carcinogen in a laboratory.  
**The use of a Schedule 1 Carcinogen in a workplace other than a laboratory is prohibited.**
3. Schedule 1 and 2 Carcinogen refers to the Schedules on the NOHSC “Control of workplace Hazardous Substances Part 2 – Scheduled Carcinogenic Substances”. These Schedules are reproduced on the VWA website.
4. A separate application form must be completed for each scheduled carcinogen to be used.
5. You must complete all parts of the form.

## Collection of Personal Information

Personal information collected by the VWA in connection with this application will be used for the purpose of assessing the application and administering the licence or notification. The information may also be used for the administration and enforcement of legislation administered by the VWA, administration and evaluation of the VWA’s programs generally and legal proceedings.

The VWA may disclose personal information to its contractors and agents; to a court or tribunal; to other regulatory agencies and to any person authorised by the individual to whom it relates, or by law, to obtain it.

The VWA maintains a publicly available database of licence holders. The VWA may publish this information on the VWA website. You may ask us not to publish information about your licence status on the website by sending your request, in writing, to the Manager, Licensing Branch.

The VWA may disclose a person’s licence status to employers or prospective employers and members of the public who wish to check this status. Collection of this information may be required by Victorian occupational health and safety legislation.

If you do not provide any or all of the information, your application may not be accepted or processed.

You have rights to have access to any personal information the VWA holds about you. You should contact the VWA Freedom of Information Unit. You can access the VWA Privacy Policy at [www.workcover.vic.gov.au](http://www.workcover.vic.gov.au)

## Contact Details

Submit your completed application form and all supporting documentation to:

WorkSafe Victoria  
Hazard Management Division  
GPO Box 4306  
Melbourne Vic. 3001

If you require further information contact the WorkCover Advisory Service on:

Telephone 1800 136 089 (toll free)  
Email [info@workcover.vic.gov.au](mailto:info@workcover.vic.gov.au)

## Use this checklist to ensure that your Application is complete:

- Completed, signed and dated application form;
- Details of Risk Control Scheduled Carcinogen Licence Measures as required in Part 5; and
- Completed and signed Identification Form for either Non-Individual or Natural Person

**NOTE: Unsigned or incomplete applications or applications not accompanied by the required documentation may not be processed.**

Licence OK  
to issue?  
Y N

Notice No.

Date of  
issue  
\_ / \_ / \_

Officer  
signature

Audited by

Date audited  
\_ / \_ / \_

Checklist  
complete?  
Y N