

# HEALTH AND SAFETY EXECUTIVE FOR NORTHERN IRELAND

Health and Safety at Work (Northern Ireland) Order 1978  
The Control of Asbestos Regulations (Northern Ireland) 2007

FOR OFFICIAL USE

File Ref No:

## APPLICATION FOR A LICENCE TO CARRY OUT WORK WITH ASBESTOS INSULATION, ASBESTOS COATING OR ASBESTOS INSULATION BOARD

Important: The answers to questions 7 – 13 below should refer not only to the applicant but to any directors of a company or partners in a firm applying for a licence, whether trading under the name of the present applicant or under any other name.

### PART A – GENERAL INFORMATION

1. Name of applicant (limited company, firm or owner): \_\_\_\_\_
2. Nature of business: \_\_\_\_\_
3. Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_
4. Work Address (if different): \_\_\_\_\_  
Postcode: \_\_\_\_\_
5. Telephone Number(s): \_\_\_\_\_ Fax. Number: \_\_\_\_\_  
Email Address (if applicable): \_\_\_\_\_
6. Number of people employed? [     ]     Number of people working with asbestos? [     ]
7. How many years have you been carrying out work with asbestos?     [     ]
8. Have you ever held a licence under these Regulations?     Yes [     ]     No [     ]  
If 'YES' give either the licence number and the name of the licensee: \_\_\_\_\_
9. Has any previous application been refused?     Yes [     ]     No [     ]  
If 'YES' give either date of previous application and name of applicant or date of refusal and reference number: \_\_\_\_\_
10. Has the Department of Economic Development or the Health and Safety Executive for Northern Ireland ever refused to renew your licence when its period of validity expired?     Yes [     ]     No [     ]  
If 'YES' give date of expiry and name of licensee:     /     /
11. Have you ever had a licence revoked?     Yes [     ]     No [     ]  
If 'YES' give date of revocation and name of licensee:     /     /
12. Have you been convicted of any offence arising from work with asbestos insulation or asbestos coating or asbestos insulation board during the last five years in the U.K, Channel Islands, Isle of Man or Eire? Or been found guilty of asbestos related offences under The Waste and Contaminated Land (Northern Ireland) Order 1997 or The Hazardous Waste Regulations (Northern Ireland) 2005?     Yes [     ]     No [     ]  
If 'YES' give:

Name of Defendant	Date of Conviction	Place of Conviction	Details of Offence

(Continue on separate sheet if necessary)

13. Have any enforcement notices i.e. Improvement or Prohibition Notices issued under the terms of Articles 23-26 of the Health and Safety at Work (Northern Ireland) Order 1978 been served against you arising from work with asbestos insulation or asbestos coating or asbestos insulation board during the last five years? Yes [ ] No [ ] Not

Known [ ]

If 'YES' give:

Date of Notice	Type of Notice	Ref No of Notice	Names of Person Receiving Notice	Brief Details of Subject of Notice	Authority Issuing Notice
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(Continue on separate sheet if necessary)

**PART B - DECLARATION**

I declare that I have read and understood the relevant legislation and requirements in:-

- The Control of Asbestos Regulations (Northern Ireland) 2007
- The Health and Safety at Work (Northern Ireland) Order 1978
- The Approved Code of Practice and guidance - Work with materials containing asbestos (Control of Asbestos Regulations 2006) Published by the Health and Safety Commission. Ref. L143

And I undertake to carry out work with asbestos insulation and asbestos coating and asbestos insulation board in accordance with the above legislation and requirements and any other relevant subsequent legislation and associated practical guidance approved by the Health and Safety Executive for Northern Ireland.

Employees have been informed of this application.

I have checked the answers given in this application and that, to the best of my knowledge, they are correct. I am aware that it is an offence under Article 31(1) (k) of the Health and Safety at Work (Northern Ireland) Order 1978 to make a false declaration.

Name in full: \_\_\_\_\_

Position in organisation (eg partner, director, etc): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

On completion please return this form with the appropriate fee of £1160 to:-

Health and Safety Executive for Northern Ireland  
83 Ladas Drive  
BELFAST  
BT6 9FR

**FOR OFFICIAL USE ONLY**

Date of Receipt: \_\_\_\_\_

File Ref No: \_\_\_\_\_

Date of issue/refusal: \_\_\_\_\_