# Application for renewal of consultant accreditation to assess and endorse dangerous goods proposals

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Consultant details | | | | | |
| Full name consultant making application | | | | | |
| Current accreditation number | | | | | |
| Business name (if applicable) | | | | | |
| ACN / ABN | | | | | |
| Postal address | | | | | |
|  | | | | State | Postcode |
| Contact number | (Phone) | | (Mobile) | | |
| Fascimile |  | Email | | | |

|  |  |
| --- | --- |
| 2. Renewal of accreditation | |
| **Class(es) or Division of dangerous goods** | **Description** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

(if insufficient space please attach a separate sheet)

|  |  |  |
| --- | --- | --- |
| 3. Request for additional Classes or Divisions | | |
|  | To be accredited for additional Classes or Divisions of dangerous goods, please detail training and experience relevant to the Class or Division of dangerous goods for which accreditation is being sought, such as: | |
|  |  | contributions to the preparation of industry codes or standards relating to dangerous goods; and |
|  |  | details of recent installations (and the companies involved) that required the application of regulations and Australian Standards relating to dangerous goods. |

|  |  |
| --- | --- |
| 3.Applicant’s declaration | |
| I certify that the details contained in this application are true and correct and I have enclosed the necessary documentation. | |
| Name | |
| Signature | Date |