

Application for a controlled substance licence

Under regulation 7.1 of the Health and Safety at Work (Hazardous Substances) Regulations 2017

This form is for a new or renewing an expired controlled substance licence and an extension to the scope of current controlled substance licence.

Send by post to: WorkSafe New Zealand, PO Box 165, Wellington 6140

NOTE FOR APPLICANTS

Please print clearly. Make sure the whole form is completed and all necessary documents attached.

A fee as set out in schedule 2 of the Health and Safety at Work (Hazardous Substances) Regulations 2017 will be charged. Payments should be made by internet banking into our Westpac Account Number 03 0251 0040445 00 following receipt of an invoice from WorkSafe. Overseas applicants are required to pay all associated bank fees.

Checklist

- | | |
|---|---|
| <input type="checkbox"/> Current Certified Handler Compliance Certificate meets requirements; copy attached | <input type="checkbox"/> Supporting information for work need attached |
| <input type="checkbox"/> Two evidence of identity documents attached, verified by a Justice of the Peace or equivalent (if new application) | <input type="checkbox"/> Statutory declaration signed and witnessed |
| <input type="checkbox"/> Two photos provided (one signed by a witness if new application) | <input type="checkbox"/> Witness information provided (if required) |
| <input type="checkbox"/> Evidence of address attached | <input type="checkbox"/> Fit and proper person assessment form completed and attached |

1. Applicant details

Name

This should be your full legal name as recorded on your birth certificate, unless your name has been legally changed. Include any other name used now or in the past and reasons for this.

First name:
Middle name(s):
Last name:
Other names used:
Reasons for other name:
<input type="checkbox"/> Tick if you have attached additional information or legal name change documentation

Age

You must be 17 years of age or over to apply for a licence.

Date of birth: DD / MM / YEAR

Address

If granted, the CSL will be sent to your postal address. These details are also required if we need to contact you about your application. Attach evidence of your address, such as a bank statement or utility account bill. Your evidence of address document must be less than six months old.

Postal address:
Residential address: <input type="radio"/> Same as postal address
Mobile phone:
Home phone:
Work phone:
Email:

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2. Evidence of identity

For applicants who have not held a CSL before

You must provide verified copies of at least one primary and one supporting identity document.

- At least one of these should be a photographic identity document.
- The documents can be verified by the issuing authority or a Justice of the Peace, registrar, court official or equivalent.
- Documents must be valid and current. Passports need to be signed.

Your witness must complete the Verification of Photo ID (Appendix 1).

Applications that are supported by primary documents marked with * will not need a witness verification.

You must enclose a copy of one of the following primary documents: (tick those you have supplied)

- New Zealand or Australian Passport*
- Overseas Passport (with a current New Zealand Immigration Visa/Permit)
- New Zealand Firearms (or Dealers) Licence*
- New Zealand full Birth Certificate
- New Zealand Citizenship Certificate

You must enclose a copy of one of the following supporting documents: (tick those you have supplied)

- NZ Driver's Licence or International Driving Certificate
- Community Services Card
- Photo ID (Student ID, HANZ 18+ID, Employee ID, or similar)
- Electoral Roll Confirmation of Enrolment Letter
- Bank/Utility Statement (in addition to proof of address)

Your witness must complete the Verification of Photo ID (Appendix 1):

- Witness verification of Photo ID completed and attached (Appendix 1 of this form)
- Two passport quality photographs attached
- One photograph is signed by my witness

For applicants who have previously held a CSL

This section applies to people who have previously held a Controlled Substance Licence and want to renew or extend the scope of their CSL.

My CSL number is: CSL

Expiry date: DD / MM / YEAR

New photos are also required if they do not need to be signed by a witness.

If able, please attach a copy of your Controlled Substance Licence.

International applicants are required to submit a copy of their current New Zealand Immigration Visa/Permit.

3. Substances required

Compliance certificate

A Controlled Substance Licence cannot be valid past the expiry date of your current Certified Handler Compliance Certificate.

Note:

- a CSL can only be issued for those **substances named** on your Certified Handler Compliance Certificate
- if applying to add further substances to your existing CSL, tick all substances required including the ones you already hold.

If you only wish to transport the substance by road, you can hold a current dangerous goods endorsement on your driver's licence instead. In this case, please provide a certified copy of your driver's licence.

Pilots can use a valid aerial vertebrate toxic agent rating if they wish to do aerial application only. In this case, they must provide a copy of their rating instead. The CSL will match the expiry date of the CRC.

Certificate number:

Expiry date: DD / MM / YEAR

- Copy of Certified Handler Compliance Certificate attached **or**
- Road Transportation only** Copy of Driver's Licence with Dangerous Goods Endorsement attached **or**
- Pilots only** Copy of aerial vertebrate toxic agent rating

Vertebrate toxic agents

Tick only the substance(s) needed.

- 3-chloro-p-toluidine hydrochloride (DRC1339)
- Potassium cyanide
- Sodium cyanide
- Yellow phosphorus
- Sodium fluoroacetate (1080)
- Para-aminopropiophenone (PAPP)
- Microencapsulated zinc phosphide (MZP)

TYPE OF WORK

- Pest control
- Other: (please describe)

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Fumigants

Tick only the substance(s) needed.

- | | |
|--|--|
| <input type="radio"/> 1,3-dichloropropene | <input type="radio"/> Aluminium phosphide |
| <input type="radio"/> 1,3-dichloropropene and chloropicrin | <input type="radio"/> Magnesium phosphide |
| <input type="radio"/> Chloropicrin | <input type="radio"/> Methyl iodide and chloropicrin |
| <input type="radio"/> Hydrocyanic acid | |
| <input type="radio"/> Methyl bromide | |
| <input type="radio"/> Phosphine | |

TYPE OF WORK

- Fumigation
- Other: (please describe)

Explosives

Tick only the class(es) and industry type(s) needed.

CLASSES

- | | | |
|----------------------------|----------------------------|-------------------------------|
| <input type="radio"/> 1.1A | <input type="radio"/> 1.2G | <input type="radio"/> 1.4D |
| <input type="radio"/> 1.1B | <input type="radio"/> 1.3C | <input type="radio"/> 1.4E |
| <input type="radio"/> 1.1C | <input type="radio"/> 1.3G | <input type="radio"/> 1.4G |
| <input type="radio"/> 1.1D | <input type="radio"/> 1.4A | <input type="radio"/> 1.4S |
| <input type="radio"/> 1.1G | <input type="radio"/> 1.4B | <input type="radio"/> 1.5D |
| <input type="radio"/> 1.2C | <input type="radio"/> 1.4C | <input type="radio"/> Class 1 |

TYPE OF WORK

- | | |
|---|---|
| <input type="radio"/> Construction | <input type="radio"/> Research |
| <input type="radio"/> Demolition | <input type="radio"/> Seismic surveys/
Exploration |
| <input type="radio"/> Electrical supply and
transmission | <input type="radio"/> Snow avalanche control |
| <input type="radio"/> Explosives detection | <input type="radio"/> Storage for distribution |
| <input type="radio"/> Land operations | <input type="radio"/> Surface mining |
| <input type="radio"/> Mechanical/engineering
processes | <input type="radio"/> Transport |
| <input type="radio"/> Oil and gas industry | <input type="radio"/> Tunnelling |
| <input type="radio"/> Propellants | <input type="radio"/> Underground mining –
coal |
| <input type="radio"/> Pyrotechnics | <input type="radio"/> Underground mining
– metalliferous |
| <input type="radio"/> Quarrying | <input type="radio"/> Underwater |
| <input type="radio"/> Other: (please describe) | |

4. Fit and proper

You are required to complete the Fit and Proper Assessment form. This form contains potentially sensitive information. To protect your privacy and the accidental disclosure of this information, WorkSafe has separated the fit and proper assessment from the main application form.

This form can be submitted separately or together with the main application form. WorkSafe also accepts electronic versions of the Fit and Proper Assessment form emailed to: CSL@worksafe.govt.nz

5. Work need

Verification of work need

You must have a valid need for possessing the controlled substance to carry out your work. WorkSafe requires you to make a [statutory declaration](#) that you require the controlled substance. In addition, you need to provide **supporting evidence** that you will be needing the controlled substance to carry out your work.

Name of company or PCBU:

Phone:

Email:

Postal address:

6. Consent

I understand that the information I have provided on this form and on any accompanying document, or information which is obtained from other sources, is my personal information and it is collected for the purpose of assisting WorkSafe to determine my identity and eligibility for a CSL in accordance with the Health and Safety at Work (Hazardous Substances) Regulations 2017.

I acknowledge that any personal information will be processed and held by WorkSafe and that under the Privacy Act 1993 I am entitled to access this personal information and ask for correction should that be necessary.

Disclosure of personal information

I authorise WorkSafe to disclose my personal information to:

- any person, including government agencies such as the NZ Police, for the purpose of administering part 7 of the Health and Safety at Work (Hazardous Substances) Regs 2017
- any Inspector as defined by section 163 of the Health and Safety at Work Act 2015 for the purpose of administering the provisions of the Health and Safety at Work Act 2015 or its regulation and
- any government agency whose legislation requires that the personal information WorkSafe holds is released to them.

Appendix 1: Witness verification of photo ID

TO THE APPLICANT

If you are providing a New Zealand or Australian Passport or a New Zealand Firearms Licence as a primary identity document, or held a CSL previously, then this section does not need to be completed.

To the witness

You have been asked to act as a witness for a person applying for a licence to possess controlled substances. To be a witness you must:

- be over 17 years of age
- have known the applicant for at least 12 months
- not be a relative or partner or spouse of the applicant, nor living with the applicant and
- be someone 'of standing' and trust within the community (as listed below).

If you cannot provide all the information required below or do not meet the requirements then you should not act as the witness.

Note: For international applicants the employer can act as a witness regardless of how long they have known the applicant.

Witness details

First names:
Last name:
Date of birth: DD / MM / YEAR
Place of birth: (town/city)
Phone number:
Email:
How long have you known the applicant:
How do you know the applicant:

Standing in the community

<input type="radio"/> Practising lawyer	<input type="radio"/> Minister of religion
<input type="radio"/> Elected official	<input type="radio"/> Applicant's employer
<input type="radio"/> Justice of the Peace	<input type="radio"/> Kaumātua
<input type="radio"/> Current CSL holder	<input type="radio"/> Police officer
<input type="radio"/> Registered teacher	<input type="radio"/> Registered accountant
<input type="radio"/> Registered medical professional	
<input type="radio"/> Current firearms licence holder	
<input type="radio"/> I have signed the back of one of the photographs as shown.	

<p>Certified true likeness of</p> <p>(Full name of applicant)</p> <p>Witness signature</p> <p>Date</p>
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Witness declaration

I, (full name)
(occupation)
of (address in full)

Declare that:

- I am over 17 years of age
- I have known the applicant for at least 12 months
- I am not a relative, spouse or partner of the applicant, nor am I living with the applicant
- the information I have supplied in this Witness Verification, is true and correct, and
- the photograph I have witnessed is of the applicant named in the application form section 7 – Applicant's Details.

I consent to WorkSafe verifying any of the information provided by me, both before and after a Licence has been issued to the applicant with any relevant agencies or individuals (including, where relevant, any overseas agency or individual). I authorise:

- WorkSafe to disclose any information about me to any person, for the purpose of issuing, suspending or cancelling the applicant's licence
- the relevant agency or individual concerned to disclose any information that the agency or individual holds about me that is relevant to the issuing, suspending or cancelling of the applicant's licence
- WorkSafe to collect and hold my personal information for the purpose of assisting the application and establishing the identity of the applicant
- I acknowledge that under the Privacy Act 1993, I am entitled to access my personal information and to ask for correction should that be necessary.

Witness's signature:
Date: DD / MM / YEAR