



# New Zealand Demolition & Asbestos Association Membership Application Form

Please complete the application form below in full and provide verifying documentation where necessary

Company Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Main Contact: Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Contact: Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Accounts Contact: Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Years in operation: \_\_\_\_\_ No. of full-time staff: \_\_\_\_\_

Have you ever operated in this industry under another trading name? Yes  No

If yes - what was the trading name? \_\_\_\_\_

Which services do you provide? *Please tick all that apply.*

Unrestricted Demolition

Restricted Demolition

Excavation

Training

Staffing or Recruitment

PPE, Machinery, Tools or Supplies

Waste Recovery & Recycling

Waste Audits

Class A Asbestos Removal

Class B Asbestos Removal

Asbestos Clearances Asbestos

Air Monitoring

Asbestos Surveys

Asbestos Assessments

Other not listed - please specify:

\_\_\_\_\_

What percentage of your business is Demolition or Asbestos related? <60%  >60%

Do you hold an Asbestos Removal or Assessor License? Yes  No   
License Expiry Date: \_\_\_\_\_ Class A or B   
License Number: \_\_\_\_\_ Assessor

Are you accredited to any ISO/NZ/AUS Standards? Yes  No   
(If Yes, please specify) \_\_\_\_\_

Do you have a documented health & safety system? Yes  No

Please describe your staff training process:

Have you received any notices, fines or been prosecuted by WorkSafe in the last 5yrs? Yes  No

(If Yes, please describe)

Have you had any notifiable events or serious harms in the last 5yrs? Yes  No

Have you received any environmental abatement or other notices? Yes  No

(If Yes, please describe)

Have you received any commendations or awards for your work? Yes  No

(If Yes, please describe)

Are you a member of any other associations? Yes  No

(If Yes, please list)

Where possible, we try to negotiate group discounts. For this purpose please specify:

Your primary fuel provider: \_\_\_\_\_

Your primary health and safety supplies provider: \_\_\_\_\_

I consent to information on my company being requested from WorkSafe if required as part of this application process Yes

I confirm that the above information provided is true and correct:

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Signed: \_\_\_\_\_ Position: \_\_\_\_\_

Membership type: Full Associate Date: \_\_\_\_\_

Please email your completed application form to: [nzdaa@nzdaa.com](mailto:nzdaa@nzdaa.com)

Once your application has been approved, you will receive a notification and invoice for payment