

Business licensing reform inquiry

Response ID:30 Data

1.

1. Your contact details

First name

██████████

Last name

██████████

Organisation (if responding on behalf of an organisation)

██████████

3. Please indicate who you represent:

Business or occupational licence holder

4. Which business or occupational licence(s) do you hold or are you affected by?

High Risk Work Licence - Affected by.

Our employees who undertake high risk work need to hold this licence. It is an individual not a company licence.

5. How do these business or occupational licences affect you and what suggestions do you have to improve them?

Nil suggested

6. Are there aspects of the business and occupational licensing arrangements that affect you that are working well?

Nil

7. Do you have any other comments?

Nil