



Total Fire Ban Exemption Application

Applicant: Company / Authority / Private (Circle one)

Name :

Applicant Details:

Authorised Person name: (Mr / Mrs /Ms)

Position:

Business office postal address:

Business hours telephone:

After hours telephone:

Mobile:

Facsimile:

Email:

Emergency & After Hours telephone:

Reason for request and type of process requiring exemption:

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Location of works or service:

(Please identify **ALL** Local Government Areas in which work is proposed to be undertaken).

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Proposed duration of works or service:

..... / / to / /

OR for the duration of Bush Fire Danger period start October – end March.

Fire suppression equipment and training provided for employees/contractors:

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Other precautions applied to process:

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Additional information required:

A copy of your Safe Work Method Statement or Job Safety Analysis is to be supplied with this application.

Declaration:

I declare that I am the authorised person to apply for a Total Fire Ban exemption for the location identified in this application.

..... (Signature)

..... (Print Name)

..... (Position)

..... / /

Email completed application form and supporting documents to: TOBAN.exemptions@rfs.nsw.gov.au

For additional information, please contact State Operations on 02 8741 5555 during business hours or Bush Fire Information Line on 1800 679 737.