February 2024

Licensed activities

# Repairing flexible reeling, feeder or trailing cables for use in a hazardous zone

# About this form

This form is to be used to apply for a licence to carry out, or with respect to, any repairing of flexible reeling, feeder or trailing cables for use in a hazardous zone at an underground coal mine.

[Part 10](https://legislation.nsw.gov.au/view/html/inforce/current/sl-2022-0509#pt.10) of the Work Health and Safety (Mines and Petroleum Sites) Regulation 2022 sets out the requirements for licensed activities at, or with respect to, coal mines.

A person must not carry out any repairing of flexible reeling, feeder or trailing cables without a licence (section 154(1) of the Regulation). A mine operator of an underground coal mine must ensure that no person carries out any repairing of flexible reeling, feeder or trailing cables at, or with respect to, an underground coal mine unless the activity is carried out under, and in accordance with, a licence for repair of flexible reeling, feeder or trailing cables (section 154(2) of the Regulation).

1. Instructions
   1. Each licence application is supported by an assessment of the Cable Repair Facility which includes both desktop and practical activities which are assessed by the Regulator against the requirements of Australian/New Zealand Standard AS/NZS 1747:2022 Reeling, trailing and feeder cables used in mining - Repair, testing and fitting of accessories.
   2. Additional documentation may be requested during the license assessment to demonstrate the cable repair facilities compliance to various elements of Australian/New Zealand Standard AS/NZS 1747:2022.
2. Type of licence application

Tick which applies

|  |  |  |  |
| --- | --- | --- | --- |
| Licence application | | | |
| Type of application | New licence (please select if the facility does not hold an existing licence for repairing of flexible reeling, feeder or trailing cables) | | |
| New licence (please select if the facility currently holds an existing licence for repairing of flexible reeling, feeder or trailing cables) | | |
| Note: Amendment of details on an existing licence are to be completed on Application form – Licensed Activities – Change of information | | |
| Existing licence number (if applicable) |  | Existing licence expiry date (if applicable) |  |

1. Applicant details
   1. Body corporate (if applicable)

|  |
| --- |
| Registered name |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ACN |  |  |  |  |  |  |  |  |  |  |  |

Registered business (trading) name, if applicable. (If the organisation is a trustee for a trust, include the name of the trust. Attach a certificate or other written evidence of the registration of the business name to the application.

|  |
| --- |
| Registered business (trading) name |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ABN |  |  |  |  |  |  |  |  |  |  |  |

* 1. Individual or contact person for body corporate

|  |  |
| --- | --- |
| Details | |
| First name |  |
| Other given name |  |
| Last name |  |
| Salutation |  |
| Email address\* |  |
| Daytime contact telephone number (contact will primarily be via email) |  |
| Mobile number |  |

\* The primary means of correspondence will be via email. A general email address is preferred so that through organisational changes in your company the department can maintain contact.

* 1. Street address (must NOT be a PO Box)

Body corporate to provide their registered business address. Individuals to provide their residential address.

|  |  |
| --- | --- |
| Details | |
| Unit/Street/Property |  |
| Street name |  |
| Suburb |  |
| State |  |
| Postcode |  |
| Country (if other than Australia) |  |

* + 1. Postal address

Same as the street address above

|  |  |
| --- | --- |
| Details | |
| Unit/Street/Property |  |
| Street name |  |
| Suburb |  |
| State |  |
| Postcode |  |
| Country (if other than Australia) |  |

* 1. Facility address

Same as the street address above

|  |  |
| --- | --- |
| Details | |
| Unit/Street/Property |  |
| Street name |  |
| Suburb |  |
| State |  |
| Postcode |  |
| Country (if other than Australia) |  |

1. Competence personnel

Provide details of the individual(s) that hold a cable repair signatory certificate of competence or Class B certificate, who will certify any proposed activities under the licence (as required by section 159(5) of the Regulation). If you require more space, please insert additional rows in the table below.

|  |  |
| --- | --- |
| Full name of competency holder | Certificate number |
|  |  |
|  |  |
|  |  |
|  |  |

1. Attachments

List all attachments to this application. If the attachment is a separate document, list the document title. You will need to complete the whole application before completing this table.

If you require more space, please insert additional rows in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Reference number | Date of document |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |

1. Fees

A fee is payable for an application for a plant design registration. The Resources Regulator uses a third-party secure payment service to receive payments. Refer to [our website](https://www.resourcesregulator.nsw.gov.au/safety/licences-and-registrations/schedule-of-fees-for-authorisations) for instructions on how to make payment.

Enter your receipt number below:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

1. Applicant’s declaration

I declare that:

* the information supplied in this application is true and correct to the best of my knowledge; and
* in making this application, I have not failed to provide material information relating to the matters addressed above; and
* I am authorised to provide this information on behalf of the applicant; and
* I consent to the department making enquiries and exchanging information with SafeWork NSW and other work health and safety regulators in other states regarding any matter relevant to this application.

|  |  |  |
| --- | --- | --- |
| **Declaration** | | |
| Name |  | |
| Date |  | |
| Signature | 2nd Applications Signature |

Note: Giving false or misleading information is a serious offence under section 268 of the *Work Health and Safety Act 2011*, and Part 5A of the   
*Crimes Act 1900*.

1. Checklist

Applicant details

Have you completed all the relevant fields in the applicant details?

Have you attached the certificate or other written evidence of the registration of the business name? (if applicable)

Supervision by competent person

Have you provided details of all competent personnel?

Attachments

Have you included all necessary attachments and listed those attachments?

Application fee

Have you made payment according to the instructions in this form?

Declaration

Has the applicant signed and dated the applicant declaration?

**If you have been able to tick all of the sections above, you may proceed with your submission.**

1. Submitting the form

Email this form and all accompanying documentation to the Mining Competencies and Authorisation team at the Resources Regulator at:

* Email: [mca@regional.nsw.gov.au](mailto:mca@regional.nsw.gov.au)

Please note: applications can only be accepted by email.

If you have any queries or need assistance submitting your supporting documentation, please contact the Resources Regulator on 1300 814 609 or at [mca@regional.nsw.gov.au](mailto:mca@regional.nsw.gov.au)

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