**February 2021**

About this form

This form is to be used to apply for renewal of registration of item of plant of a person-riding hoist (winding system) in small gemstone mine. [Clause 177](https://www.legislation.nsw.gov.au/#/view/regulation/2014/799/part13/sec177) of the Work Health and Safety (Mines and Petroleum Sites) Regulation 2014 and [Part 5.3](https://www.legislation.nsw.gov.au/#/view/regulation/2017/404/chap5/part5.3) of the Work Health and Safety Regulation 2017 sets out requirements for the item registration of specific plant used in mines.

In this form, words have the same meaning as that defined in the *Work Health and Safety (Mines and Petroleum Sites) Act 2013* and *Work Health and Safety Act 2011* and their respective Regulations.

# Applicant details

An application can be made by a person who has control of the plant, can identify the plant and state that the plant has been inspected by a competent person and is safe to operate.

Is the applicant a person with management or control of the item of plant?  Yes  No\*

\*If no, please attach a letter of authority from the person with management or control of the item of plant.

## Optional: What is the role of the applicant in relation to the item of plant being renewed?

Mine operator

Contractor

Hire company

Other (please specify below)

|  |
| --- |
|  |

## 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.

|  |
| --- |
|  |

| **ABN** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

## Individual or contact person for body corporate

|  |  |
| --- | --- |
| 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.

## Street address (must NOT be a PO Box)

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

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

## Postal address

Same as the street address above

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

# Information previously provided for registration

Has all the information that was previously provided for registration of the person-riding hoist remained the same?

Yes (proceed to section 3 of this form)

No (proceed to section 2.1 of this form)

## Amendment or change of information

Clearly describe the amendment to the registration or change of information. E.g. change of plant design registration number or change of address.

Ensure you include all details of the change; the field below will expand to allow the detail required.

|  |
| --- |
|  |

# Details of the item of plant

Please provide the plant registration number and details of the item.

|  |  |
| --- | --- |
| Registration number: |  |
| If known, date the item of plant was first commissioned or was first registered, which ever occurred first: |  |

# Fees

A fee is payable for an application for item of plant 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-and-health/applications/licensed-activities/schedule-of-fees-for-authorisations) for instructions on how to make payment.

Enter your receipt number below:

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

# Applicant’s declaration

I declare that:

* an equivalent registration granted by a corresponding regulator under a corresponding work health and safety law is not held; and
* the information supplied in this application is true and correct to the best of my knowledge; and
* I confirm that the item of plant has been inspected by a competent person and assessed by that person as being safe to operate; and
* none of the information supplied by me in this application or any document attached or submitted in support of this application is false or misleading; and
* in making this application, I have not failed to provide material information relating to the matters addressed above; and
* I confirm the conditions of the *Notice of registration item of plant (person-riding hoist (winding system))* have been complied with; and
* I confirm that the item of plant (person-riding hoist (winding system)) has been maintained, inspected and tested in accordance with clause 213 of the *Work Health and Safety Regulation 2017*; and
* I am the registration holder, or I am authorised to provide this information on behalf of the registration holder; 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Position/title |  | | |
| Signature |  | Date |  |

**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*.

# Submitting the form

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

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

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