**August 2020**

## About this form

This form is to be used to apply to the regulator for an amendment to an item of plant registration granted under [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.

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.

1. Type of registration

Mark which applies

|  |
| --- |
| Diesel engine system  Booster fan  Winding system (other than a person-riding hoist)  Person-riding hoist (winding system) |

|  |  |
| --- | --- |
| Existing registration number |  |

|  |  |
| --- | --- |
| Brief description of amendment/s |  |

1. Registration holder details

An application can be made by the registration holder. Is the applicant the registration holder?

Yes  No\*

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

* 1. Details of current registration holder

Provide the details of the current registration holder

* + 1. For an individual

|  |  |
| --- | --- |
| Full name |  |
| Salutation |  |
| Street address (not PO Box) |  |
| Postal address |  |
| Email address\*\* |  |
| Daytime contact number |  |
| Mobile number |  |

* + 1. For a body corporate

|  |  |
| --- | --- |
| Legal entity name |  |
| Registered business trading name\* (if different to above) **Note:** If the registered business name is held by a trust, include the name of the trust and trustee |  |
| ABN (identify the owner of the ABN) |  |
| ACN (identify the owner of the ACN) |  |
| Address of legal entity |  |

* 1. Details of body corporate the registration will be transferred to (if applicable)

Detail any changes below where 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** |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

* 1. Individual or contact person for body corporate

Detail any changes below where applicable.

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

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

* + 1. Postal address

Same as the street address above

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

1. Location of the plant

Is the item of plant usually fixed and is being relocated?

No  Yes (please provide details below)

|  |  |
| --- | --- |
| Unit/street/property |  |
| Street name |  |
| Suburb |  |
| State |  |
| Postcode |  |

1. Other amendments

Clearly describe the amendment you are seeking. e.g. change to plant design registration number.

|  |
| --- |
|  |

1. Applicant’s declaration

I declare that:

* to the best of my knowledge, the information provided in this form and any attachment(s) to this form is true and correct in every detail; and
* I am the registration holder, or I am authorised to provide this information on behalf of the registration holder

|  |  |  |  |
| --- | --- | --- | --- |
| 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*.

1. Submitting the form

Email this form and all accompanying documentation to the Mining Authorisation Team of NSW Department of Planning and Environment - 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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