**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

**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

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