

Mine Safety

FORM | ExDES

Changes to information for ExDES (RSF) licence

11 November 2015

About this form

This form is to be used to apply to the regulator for change to information that was previously given in an application for an ExDES (RSF) licence under clause 155 and 156 of the Work Health and Safety (Mines) Regulation 2014 (the Regulation).

Note: For changes to information that is not included on this Form, please use the application for licence

form. 1. Applicant details An application must be made by the licence holder. ☐ Yes □No* Is the applicant the current licence holder? * If no, please do not proceed with this form. Body corporate (if applicable) Registered name 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. **ACN** Individual or contact person for body corporate First name Other given name (if applicable) Last name Salutation

Email address*	•							
Daytime contact telephone						Mobile number		
email address	s so that throu	ghout or	ganisatio	nal chan	iges in you	ary)	•	, ,
	As the autithe regulated Name, AC Licence how Proposed at Facilities are	As the authorised person, I wish to change and/or update the following details held by the regulator: Name, ACN or contact person (refer to 3.1) Licence holder's address (refer to 3.2) Proposed activities to be carried out under the ExDES (RSF) Licence (refer to 3.3) Facilities and location of ExDES (RSF) Licence (refer to 3.4)						
		Supervision arrangements (refer to 3.5) Other (refer to 3.6)						
3.1 Chang Body corpor	ate (if applica	e holde	•			contact person		
Registered nan	ne							
Registered business (trading) name (if applicable).								
NOTE: Attach	a certificate o	r other v	written e	vidence c	of the regist	ration of the busines	ss name to th	e application.
ACN								
Individual or	contact pers	on for b	ody cor	porate	_			
First name								
Other given na	me (if applicable	:)						
Last name								
Salutation								
Email address*	•							
Daytime contact telephone						Mobile number		
3.2 Chang	es to licenc	e holde	er's add	ress				
New address								
3.3 Propos	sed activities	to be	carried	out und	der the E	ExDES (RSF) Lic	ence	
Is there a cha	ange to the cui	rent acti	vities of	the ExDE	ES (RSF) li	cence?		
☐ Yes ☐ No								

If yes, please provide details below. If no, go to section 3.4 below.
If applicable provide details of the change in activities of ExDES (RSF) licence, including –
 specific design registration numbers for ExDES included in the RSF licence activity details of any repair work to be included in the ExDES (RSF) licence activity
Provide details of any exclusion from the ExDES (RSF) licence activity, if applicable
3.4 Facilities for the ExDES (RSF)
Is there a change to the facilities or premises of the ExDES (RSF) licence?
If yes, please provide details below. If no, go to section 3.5 below, including work that will be done remotely
3.5 Supervision arrangements
Is there a change to the supervision (competent person who is supervising) arrangements for the ExDES RSF licence?
☐ Yes ☐ No
If yes, please provide details below (or provide attachment), including
 Name, contact information, qualification, and resume for any new responsible persons
 Names and contact information for any current responsible persons no longer involved with the ExDES (RSF) licence activity
 Any changes in organisation management and reporting arrangements in relation to the ExDES (RSF) licence activities
 Details of arrangements for a supervision by a competent person who does not primarily work at the nominated locations
If no, please go to section 4 below.
2.6. Other changes to information or additional information
3.6 Other changes to information or additional information
Please provide details of any other changes to information or any relevant additional information.

4. Attachments

List the attachments to this form. If you are submitting	your document electronically and the attachment is
a separate document list the document title.	

a separate document list the document title.
Title of page or name of document
5. Applicant's declaration
I declare that:

- the information supplied in this application is true and correct to the best of my knowledge; 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 consent to the Department making enquiries and exchanging information with WorkCover NSW and other work health and safety regulators in other states regarding any matter relevant to this application.

Name	
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*.

6 Checklist

О.	Checklist
1.	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)
2.	Licence facility detail's changes (summary)
	Have you selected what details you would like to change from the summary?
3.	Changes to information
	Have you completed the relevant subsections to change the details held by the department?
4.	Attachments
	Have you listed all attachments included with your application?

☐ Have you attached all documents listed?

5. Applicant's declaration

☐ Have you signed and dated the applicant declaration?

7. Lodging your application

We prefer that applications be submitted via email. Alternatively, you may mail your application to us. Please only submit your application via one method.

Email: minesafety.registration@industry.nsw.gov.au

Post: Mine Safety Registration and Licensing Unit

Department of Industry, Skills and Regional Development

PO Box 344

Hunter Regional Mail Centre NSW 2310

If you have any queries or need assistance completing this form, please contact the Mine Safety Registration and Licensing Unit on 02 4931 6410 or at minesafety.registration@industry.nsw.gov.au

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Disclaimer: The information contained in this publication is based on knowledge and understanding at the time of writing (November 2015). However, because of advances in knowledge, users are reminded of the need to ensure that information upon which they rely is up to date and to check currency of the information with the appropriate officer of the Department of Industry, Skills and Regional Development or the user's independent advisor.

Privacy statement: Information from this form is collected for the purpose of managing registration of items of plant under the Work Health and Safety (Mines) Act 2013, Work Health and Safety (Mines) Regulation 2014, Work Health and Safety Act 2011, and Work Health and Safety Regulation 2011. The supply of this information is required by law. If you choose not to provide the requested information we may not be able to process your application. Information will be stored and managed in accordance with the provisions under the Privacy and Personal Information Protection Act 1998. It will not be given to any other third party except as authorised by law. You may access or correct your personal information by contacting Governance & Information Request Unit on (02) 9995 0911 or privacy@industry.nsw.gov.au. Further information regarding privacy can be obtained from the Department of Industry, Skills and Regional Development website at www.industry.nsw.gov.au/privacy.

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