**May 2020**

# Change of contact details of operator

This form is to be used by a mine or petroleum site operator to notify the regulator of changes to the operator’s contact details. Penalties apply if changes are not notified as soon as practicable (and no later than 28 days) after any change (clauses 7A and 8BA of the Work Health and Safety (Mines and Petroleum Sites) Regulation 2014).

|  |  |
| --- | --- |
| **Mine or petroleum site** | |
| Name of mine or petroleum site |  |
| Site address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact details of operator** | | | |
| Name of operator |  | | |
| ACN (ABN if no ACN) |  | | |
| Telephone |  | Mobile |  |
| Email address |  | | |
| Postal address |  | | |
| Business address |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact person for the operator** | | | |
| Name of contact person |  | | |
| Telephone |  | Mobile |  |
| Email address |  | | |
| Postal address |  | | |
| Business address |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Person completing this form** | | | |
| Name |  | | |
| Position title |  | | |
| Telephone |  | Mobile |  |
| Email address |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Declaration**  **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*.** | | | | |
| Date change of operator contact details effective | |  | | |
| Tick one box only | | | | |
|  | I am the mine operator or petroleum site operator. | | | |
|  | I am authorised by the mine operator or petroleum site operator to make this declaration. | | | |
| Name |  | | | |
| Signature | Insert your signature | | Date |  |

# Submitting the form

Email this form to [cau@planning.nsw.gov.au](mailto:cau@planning.nsw.gov.au) (or other email address as applicable)

Mail: Central Assessment Unit,

NSW Resources Regulator, PO Box 344, HRMC, 2310.

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