

Registration of an Item of Plant - Renewal

This form is used to renew the registration of an item of plant in accordance with Regulation 277 of the Work Health and Safety (National Uniform Legislation) Regulations.

This form may only be used prior to the expiry of the existing registration.

For assistance in completing this form, please refer to the Guide to Plant Item Registration available from the NT WorkSafe website.

Application Fee: \$81.00

TBC Use Only

Date Received:

Fee Received: \$

Receipt No:

Received by (TBC staff Name):

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1. Details of Person Conducting a Business or Undertaking (PCBU)

(the person or organisation that has overall management responsibility for the workplace)

Company Name:			
Trading Name:			
ABN:			
Registered Street Address Details:			
(registered business address for body corporate or street address for individual)			
Address:			
Suburb	State:		Postcode:
Is your postal address the same as above? (If no, complete below)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Postal Address:			
Suburb:	State:		Postcode:
Details of applicant renewing the item of plant			
Surname	First Name:		
Position Title:			
Work Number:	Mobile Number:		
Fax Number:	Email Address:		

2. Plant Details

Type of Plant (ie:Lift,crane):			
Plant Item Registration No:	Design Registration No:		
Serial Number:	Owner Plant Identification No:		
Manufacturer:			
Model No:			

3. Location of Plant

(For fixed plant-its location. For mobile plant – the location where the plant is stored or maintained)

Location and/or name of building:			
Address:			
Suburb:	State:		Postcode:

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4. Type of Plant (Select One)

Boiler categorised as hazard level A, B or C according to criteria in Section 2.1 of AS 4343:2005 Pressure equipment –hazard levels.	<input type="checkbox"/>
Pressure vessel categorised as hazard level A, B or C according to the criteria in Section 2.1 of AS 4343 (Pressure equipment – Hazard levels), except: gas cylinders; LP Gas fuel vessels for automotive use, and serially produced vessels.	<input type="checkbox"/>
Tower crane, including self-erecting tower crane excluding a crane or hoist that is manually powered and excluding reach stacker	<input type="checkbox"/>
Lift	<input type="checkbox"/>
Escalator	<input type="checkbox"/>
Moving walkway	<input type="checkbox"/>
Building maintenance unit	<input type="checkbox"/>
Amusement device covered by Section 2.1 of AS 3533.1:2009 – Amusement Rides and Devices, except the following: <ul style="list-style-type: none"> • class 1 devices; • playground devices; • water slides where water facilitates patrons to slide easily, predominantly under gravity, along a static structure; • wave generators where patrons do not come into contact with the parts of machinery used for generating water waves; • inflatable devices other than inflatable devices (continuously blown) with a platform height of 3 metres or more 	<input type="checkbox"/>
Concrete placing boom	<input type="checkbox"/>
Mobile crane with a safe working load of greater than 10 tonnes	<input type="checkbox"/>

5. Declaration of Applicant

Declaration of Applicant

The information in this application is true and correct to the best of my knowledge. For body corporate applicants, I have authority from the body corporate to complete and submit this application.

I consent to the Work Health Authority making enquiries and exchanging information with Work Health and Safety Regulators in other states, territories and the Commonwealth regarding any matter relevant to this application.

The item of plant has been maintained, inspected and tested in accordance with regulation 213 of the WHS (NUL) Regulations.

The item of plant has been inspected by a competent person and is safe to operate.

I do not hold an equivalent registration with another State or Territory or the Commonwealth Work Health and Safety Regulator.

Name of Applicant:

Signature of Applicant:

Date:

Checklist (ensure the following are attached with this application)

Licence Requirements

Application form completed

Copy of the Business Registration (trading) name certificate must be supplied

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Privacy

The Department of Business complies with the Information Privacy Principles scheduled to the *Information Act*.

Lodgement

Incomplete applications cannot be processed and will be returned. Complete applications, together with payment and all supporting documents can be lodged at the Territory Business Centre either in person, post, fax or email.

Territory Business Centre – Contact Details

Darwin Ground Floor, Development House 76 The Esplanade Phone: 1800 193 111	Katherine Shop 1, Randazzo Building 18 Katherine Terrace	Tennant Creek Shop 2, Barkly House Cnr Davidson and Patterson Street	Alice Springs Ground Floor, The Green Well Building 50 Bath Street
Postal: GPO Box 9800, Darwin, NT 0800		Email: territory.businesscentre@nt.gov.au	
		Fax: 08 8982 1725	

Payment Details

Payment Method			
Cash - Territory Business Centre			<input type="checkbox"/>
Cheque - payable to RTM (Receiver to Territory Money)			<input type="checkbox"/>
Credit Card			<input type="checkbox"/>
Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>			
Credit Card number:			
Expiry:			
Name on card:			
I hereby authorise the Territory Business Centre to debit the above credit card for the amount of			\$
Signature of cardholder:		Date:	