



**OFFICE USE ONLY**

Design Registration Number

Lodgement Number

# Application 100

## Registration of Plant Design or Alteration to Plant Design

Regulations 4.3 or 4.12 of the Occupational Safety and Health Regulations 1996

<b>1 APPLICATION FOR REGISTRATION</b>			
To be completed in conjunction with explanatory notes			
1.1 Original Design: Regulation 4.3 <input type="checkbox"/>			
1.2 Alteration to Design: Regulation 4.12 <input type="checkbox"/>			
Registration No:		State	
<b>2 PLANT DETAILS</b>			
2.1 Kind of Plant	2.2 Design Standard	2.3 Plant Type	
2.4 Plant Description			
<b>3 APPLICANT DETAILS</b>			
3.1 Name		3.2 ACN	
3.3 Address			
Suburb	State	Post Code	
3.4 Contact name		Tel	
Fax	Email		
3.5 I, representing the Designer <input type="checkbox"/> , Owner <input type="checkbox"/> , Manufacturer <input type="checkbox"/> , Importer <input type="checkbox"/> , Supplier <input type="checkbox"/> , of the plant described in SECTION 2.1 submit this application for registration of the plant design or alteration to design described herein. I declare that the information contained in this application is true and correct to the best of my knowledge and belief.			
Print Name	Signature	Date	
<b>4 DESIGNER DETAILS</b>			
4.1 Name		4.2 ACN	
4.3 Address			
Suburb	State	Post Code	
<b>5 DESIGNER STATEMENT</b>			
5.1 Name		5.2 ACN	
5.3 Address			
Suburb	State	Post Code	
5.4 Contact name		Tel	
Fax	Email		
5.5 The person who carried out the duties under Regulation 4.23 of the person who designed or altered the design of the plant must sign this designer statement. If the person who designed or altered the design of the plant described in SECTION 2.1 is not in the jurisdiction of Western Australia then the manufacturer, or if the manufacturer is also not in the jurisdiction of Western Australia, then the importer of the plant into Western Australia shall carryout the designer's duties under Regulation 4.23.			
I, the Designer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> responsible for carrying out the duties of the designer for the plant design or alteration to the design described in SECTION 2.1 state that the answers I have provided are true and correct and that I have complied with the duties that a person who designs plant has under Regulation 4.23 of the Occupational Safety and Health Regulations 1996.			
Print Name	Signature	Date	

Office use only

	Initial	Date	COM	OK
Pre check				
To issue				



# Application 100

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<b>6 REPRESENTATIONAL DRAWINGS OF THE PLANT DESIGN OR DESIGN ALTERATION</b>						Office use: P <input type="checkbox"/> - F <input type="checkbox"/>
No.	Rev.	No.	Rev.	No.	Rev.	
No.	Rev.	No.	Rev.	No.	Rev.	
<b>7 DESIGN VERIFIER DETAILS</b>						Office use: P <input type="checkbox"/> - F <input type="checkbox"/>
7.1 Given names			Surname			
7.2 Qualification (s)						
7.3 Business Address						
Suburb		State		Post Code		
Tel		Fax		Email		
7.4 Employer (Legal entity name)				ACN		
7.5 Is the employer of the design verifier also the employer of the designer: <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>						
7.6 How many design verifiers involved in the design verifying process [    ] Attach details (7.1 to 7.5) for each additional design verifier.						
<b>8 DESIGN VERIFIER STATEMENT</b>						Office use: P <input type="checkbox"/> - F <input type="checkbox"/>
1) The design or design alteration of the plant described in SECTION 2.1 complies with each relevant Standard set out in Schedule 4.3, specifically those Standards set out in SECTION 2.2, without exclusion of any relevant design requirement of each Standard: <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>						
2) The design or design alteration of the kind of plant described in SECTION 2.1 is for pressure equipment: <b>YES</b> <input type="checkbox"/> (if YES go to 3) <b>NO</b> <input type="checkbox"/> (If NO sign below)						
3) Verification of the pressure equipment design has been carried out in accordance with AS3920.1: <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>						
I, the verifier of the design or design alteration for the kind of plant described in SECTION 2.1, state that the answers I have provided are true and correct and that the plant design or design alteration described in the drawings set out in SECTION 6 complies with the requirements of the Standards set out in Schedule 4.3 of the Occupational Safety and Health Regulations 1996, specifically those Standards set out in SECTION 2.2. I state that in providing this design verifier's statement that, when carrying out the duties of the design verifier, I have not had any involvement in the design or design alteration of the plant described in SECTION 2.1.						
<b>Print Name</b>		<b>8.1 Signature</b>		<b>Date</b>		
<b>9 ADDITIONAL DESIGN DETAILS To be completed in conjunction with explanatory notes.</b>						
1)			2)			
3)			4)			
5)			6)			

### Method of Payment

The fee for this application is specified in the Occupational Safety & Health Regulations 1996, Schedule 6.2 and is exempt from GST. Cheques to be made payable to WorkSafe Western Australia.

Please choose one of the following options for payment:  Cash  Cheque [Cheque No    .]

Please charge payment of this application to my:  Postal Money Order  MasterCard  Visa

Card number                      Expiry date   /

Name of card holder \_\_\_\_\_ Signature \_\_\_\_\_

Payment details (Tax invoice: Department of Consumer and Employment Protection ABN 91 329 800 417)

You can submit this completed application form for Registration of Plant Design or Alteration to Plant Design in one of two ways:

- **In person:** WorkSafe Western Australia, Business Service Centre, WestCentre 5<sup>th</sup> Floor, 1260 Hay Street, West Perth
- **By mail:** WorkSafe Western Australia, Business Service Centre, PO Box 294, West Perth, WA 6872

**Further Information:** WorkSafe Business Service Centre, Phone: 1300 307 877, Web: [www.commerce.wa.gov.au](http://www.commerce.wa.gov.au), Email: [safety@commerce.wa.gov.au](mailto:safety@commerce.wa.gov.au)