



**OFFICE USE ONLY**

Registered Plant Number

Lodgement Number

# Application 101

## Registration or Re-registration of an Item of Plant

Regulation 4.15 of the Occupational Safety and Health Regulations 1996

### 1 APPLICATION FOR REGISTRATION

To be completed in conjunction with explanatory notes

1.1 New Registration:

1.2 Re-registration:

Registration No

State

1.3 Reason for re-registration:

Change of ownership

Change of location

Alteration

### 2 PLANT DETAILS

2.1 Kind of Plant

2.2 Plant Type

2.3 Plant Description

2.4 Serial Number

2.5 Manufacturer

2.6 Year of Manufacture

### 3 OWNER & PLANT LOCATION DETAILS

3.1 Owner name

3.2 ACN

3.3 Workplace address

Suburb

State

Post Code

3.4 Location of plant within the workplace

### 4 APPLICANT DETAILS

4.1 Name

4.2 ACN

4.3 Contact name

Tel

Fax

Email

4.4 I, the Applicant, declare that the information contained in this application is true and correct to the best of my knowledge and belief.

Print Name

Signature

Date

### 5 POSTAL ADDRESS FOR EVIDENCE OF REGISTRATION

5.1 Address

Suburb

State

Post Code

### 6 DESIGN REGISTRATION DETAILS

6.1 Has the design of the plant been registered: YES  NO

6.2 Design registration number

6.3 State

6.4 Design standard

Office use only

	Initial	Date	COM	OK
Pre check				
Post check				
To issue				



# Application 101

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7 COMPETENT PERSON DETAILS			
7.1 Name		7.2 ACN	
7.3 Address			
Suburb		State	Post Code
Tel	Fax	Email	
8 INSPECTION DETAILS			
8.1 Address			
Suburb		State	Post Code
8.2 Date of inspection			
8.3 Inspection declaration:			
1) The item of plant described in SECTION 2.1 has been inspected and is safe to operate: YES <input type="checkbox"/> NO <input type="checkbox"/>			
2) The information referred to in Regulation 4.30(1)(c) for the item of plant described in SECTION 2.1 is at the workplace: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Notwithstanding sub regulation 4.15(2)(c)(ii), I, the competent person as defined in Regulation 1.3 of the Occupational Safety and Health Regulations 1996, state that the answers I have provided are true and correct and that I have inspected the item of plant described in SECTION 2.1 at the location described in SECTION 8.1 and declare that to the best of my knowledge and belief the item of plant is safe to operate.			
Print Name	Signature		Date
9 ADDITIONAL PLANT DETAILS To be completed in conjunction with explanatory notes.			
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 or Re-registration of an Item of Plant 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)