



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 WorkSafe Western Australia

1 APPLICATION F To be completed in co									
1.1 New Registrat		***************************************							
1.2 Re-registration	n: 🗌								
Registration No		State			L				
1.3 Reason for re-	registration:	Change of ownersl	nip 🗌	Change	of location	]	Alteration		
2 PLANT DETAILS									
2.1 Kind of Plant	<u>110,</u> 525		<b>2.2</b> Plant	Туре	<u>370,</u> 525				
2.3 Plant Description	<u>110,</u> 490				2.4 Serial Nun		<u>0,</u> 490		
2.5 Manufacturer	<u>110,</u> 470				2.6 Year of Ma	anufacture	<u>470,</u> 47	0	
3 OWNER & PLANT	LOCATION DETA	AILS							
3.1 Owner name	<u>120,</u> 435					<b>3.2</b> A	CN		
3.3 Workplace address	<u>120,</u> 415				1				
Suburb	120,398	1	S	tate	<u>370,</u> 398		Post	Code	<u>530,</u> 398
3.4 Location of plant wit	hin the workplace	190,380					·····		
4 APPLICANT DETA	AILS								
<b>4.1</b> Name	120,345				1	<b>4.2</b> A	CN		
4.3 Contact name	120,328		T	el	370,328				
Fax			E	mail	<u>370,</u> 313				
4.4 I, the Applicant, dec	lare that the informat	tion contained in this appl	ication is true and	correct to	o the best of m	y knowledge	and belief		
Print Name	<u>120,</u> 278	s	Signature				Date		
5 POSTAL ADDRES	SIFOR EVIDENCE	E OF REGISTRATION							
5.1 Address	<u>120,</u> 243				1				1
Suburb	<u>120,</u> 225		S	tate	<u>370,</u> 225		Post	Code	<u>530,</u> 225
6 DESIGN REGISTR	ATION DETAILS								
<b>6.1</b> Has the design of th	e plant been register	red: YES NO							
6.2 Design registration i	number <u>150,</u> 160		<b>6.3</b> State	<u>30,</u> 160		<b>6.4</b> Design	standard	<u>500,</u> 16	60
Office use only									
	Initial	Date			СОМ	(	ок		
Pre check									
To issue				_					





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

Regulation 4.15 of the Occupational Safety and Health Regulations 1996

WorkSafe Western Australia

<b>7.1</b> Name	PERSON DETAILS					<b>7.2</b> ACN	
	110,655						
7.3 Address	110,638						
Suburb	<u>110,</u> 620			State	<u>370,</u> 620	Post Code	<u>530,</u> 620
Tel	110,603 Fa	3X		Email	<u>370,</u> 603		
8 INSPECTION D	DETAILS						
8.1 Address	<u>110,</u> 568				1		I
Suburb	110,550			State	<u>370,</u> 550	Post Code	<u>530,</u> 550
8.2 Date of inspection	on						
8.3 Inspection dec	laration:						
•		STICKLO 4 has been incl		fa ta anarati	e: YES NO	٦	
	of plant described in SEC						
2) The inform	mation referred to in Regu	ulation 4.30(1)(c) for the	item of plant	described in S	ECTION 2.1 is at the	workplace: YES	NO
Notwithstanding sub	a regulation 4.15(2)(c)(ii).	I the competent persor				Safety and Health Red	ulations
•	b regulation 4.15(2)(c)(ii), answers I have provided		n as defined in	n Regulation 1.	.3 of the Occupational	, ,	•
1996, state that the	• • • • • • • • • • • • • • • • • • • •	l are true and correct an	n as defined in nd that I have in	n Regulation 1.	.3 of the Occupational tem of plant described	d in SECTION 2.1 at the	•
1996, state that the described in SECTION	answers I have provided ION 8.1 and declare that t	I are true and correct an to the best of my knowle	n as defined in ad that I have in edge and belie	n Regulation 1.	.3 of the Occupational tem of plant described	d in SECTION 2.1 at the	•
1996, state that the	answers I have provided	I are true and correct an to the best of my knowle	n as defined in nd that I have in	n Regulation 1.	.3 of the Occupational tem of plant described	d in SECTION 2.1 at the	•
1996, state that the described in SECTION Print Name	answers I have provided ION 8.1 and declare that t	I are true and correct an to the best of my knowle	n as defined in ad that I have in edge and belie	n Regulation 1.	.3 of the Occupational tem of plant described	d in SECTION 2.1 at the	•
1996, state that the described in SECTION Print Name  9 ADDITIONAL I	answers I have provided ION 8.1 and declare that t	I are true and correct an to the best of my knowle	n as defined in ad that I have in edge and belie	n Regulation 1. nspected the it if the item of pl	.3 of the Occupational tem of plant described	d in SECTION 2.1 at the	•
1996, state that the described in SECTION Print Name  9 ADDITIONAL II 1) 50,373	answers I have provided ION 8.1 and declare that t	I are true and correct an to the best of my knowle	n as defined in d that I have it edge and belie Signature	n Regulation 1. nspected the it of the item of pl	.3 of the Occupational tem of plant described	d in SECTION 2.1 at the	•
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1996, state that the described in SECTION Print Name  9 ADDITIONAL II 1) 50,373	answers I have provided ION 8.1 and declare that t	I are true and correct an to the best of my knowle	n as defined in d that I have it edge and belie Signature	n Regulation 1. nspected the it of the item of pl	.3 of the Occupational tem of plant described	d in SECTION 2.1 at the	•
1996, state that the described in SECTION Print Name  9 ADDITIONAL II 1) 50,373 3) 50,350	e answers I have provided ION 8.1 and declare that to 110,420  PLANT DETAILS	I are true and correct an to the best of my knowle	n as defined in d that I have in edge and belie Signature  2)	n Regulation 1. nspected the it of the item of pl	.3 of the Occupational tem of plant described	d in SECTION 2.1 at the	•
1996, state that the described in SECTION Print Name  9 ADDITIONAL II 1) 50,373 3) 50,350 5) 50,325  Method of Payment The fee for this appli	answers I have provided ION 8.1 and declare that to 110,420  PLANT DETAILS  t	are true and correct and to the best of my knowled to the best of my k	n as defined in that I have it edge and belie Signature  2) 4)	n Regulation 1. nspected the it of the item of pl 320,373 320,350	.3 of the Occupational tem of plant described lant is safe to operate	d in SECTION 2.1 at the	elocation
1996, state that the described in SECTION Print Name  9 ADDITIONAL II 1) 50,373 3) 50,350 5) 50,325  Method of Payment The fee for this applimade payable to Wo	e answers I have provided ION 8.1 and declare that to 110,420  PLANT DETAILS	are true and correct and to the best of my knowled to the best of my k	n as defined in d that I have it edge and belie Signature  2) 4) 6) Health Regula	n Regulation 1. Inspected the it of the item of pl  320,373  320,350  ations 1996, So	.3 of the Occupational tem of plant described lant is safe to operate.	d in SECTION 2.1 at the	ues to be
1996, state that the described in SECTION Print Name  9 ADDITIONAL 1 1) 50,373 3) 50,350 5) 50,325  Method of Payment The fee for this applimade payable to Wo	t answers I have provided ION 8.1 and declare that the Indianation of	e Occupational Safety & ia.	n as defined in d that I have in edge and belie Signature  2) 4) 6)  Health Regula	n Regulation 1. Inspected the it of the item of pl  320,373  320,350  ations 1996, So	chedule 6.2 and is exectled.	Date  Date  empt from GST. Cheque	ues to be
1996, state that the described in SECTION Print Name  9 ADDITIONAL II 1) 50,373 3) 50,350 5) 50,325  Method of Payment The fee for this applimade payable to Wo Please choose one Please ch	t answers I have provided ION 8.1 and declare that to 110,420  PLANT DETAILS  t slication is specified in the YorkSafe Western Australia of the following options for harge payment of this app	e Occupational Safety & ia.	n as defined in d that I have in edge and belie Signature  2) 4) 6)  Health Regula	Regulation 1. Inspected the it of the item of pl  320,373  320,350  ations 1996, So  Cheque [C	chedule 6.2 and is executed by the control of the control of plant described and is executed by the control of	Date  Date  empt from GST. Cheque	ues to be
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1996, state that the described in SECTION Print Name  9 ADDITIONAL 1 1) 50,373 3) 50,350 5) 50,325  Method of Payment The fee for this applemade payable to Work Please choose one Please chock Card number 1	t answers I have provided ION 8.1 and declare that to 110,420  PLANT DETAILS  t alication is specified in the YorkSafe Western Australia of the following options for the foll	e Occupational Safety & ia.  or payment:  Casolication to my:  Ban	n as defined in d that I have in edge and belie Signature  2) 4) 6)  Health Regulation	Regulation 1. Inspected the it of the item of pl  320,373  320,350  Ations 1996, So Cheque [C Mastercard	chedule 6.2 and is exectly contained by the contained by	Date  Date  empt from GST. Cheque	e location
1996, state that the described in SECTION Print Name  9 ADDITIONAL 1 1) 50,373 3) 50,350 5) 50,325  Method of Payment The fee for this applemade payable to Work Please choose one Please chock Card num	t answers I have provided ION 8.1 and declare that to 110,420  PLANT DETAILS  t slication is specified in the YorkSafe Western Australia of the following options for harge payment of this app	e Occupational Safety & ia.  or payment:  Casolication to my:  Ban	n as defined in d that I have in edge and belie Signature  2) 4) 6)  Health Regulation	Regulation 1. Inspected the it of the item of pl  320,373  320,350  Ations 1996, So Cheque [C Mastercard	chedule 6.2 and is exectly contained by the contained by	Date  Date  empt from GST. Cheque	e location

You can submit this completed application form for Registration or Re-registration of an Item of Plant in one of two ways:

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- In person: WorkSafe WA, Business Service Centre, Level 1, Mason Bird Building, 303 Sevenoaks Street, Cannington WA 6107
- By Mail: WorkSafe Business Service Centre, Locked bag 100, East Perth WA 6892

Further Information: WorkSafe Business Service Centre, Phone: 1300 307 877, Web: www.dmirs.wa.gov.au/worksafe, Email: <a href="mailto:wsplant@dmirs.wa.gov.au">wsplant@dmirs.wa.gov.au</a>

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