



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 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

110,525

2.2 Plant Type

370,525

2.3 Plant Description

110,490

2.4 Serial Number

450,490

2.5 Manufacturer

110,470

2.6 Year of Manufacture

470,470

3 OWNER & PLANT LOCATION DETAILS

3.1 Owner name

120,435

3.2 ACN

3.3 Workplace address

120,415

Suburb

120,398

State

370,398

Post Code

530,398

3.4 Location of plant within the workplace

190,380

4 APPLICANT DETAILS

4.1 Name

120,345

4.2 ACN

4.3 Contact name

120,328

Tel

370,328

Fax

Email

370,313

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

120,278

Signature

Date

5 POSTAL ADDRESS FOR EVIDENCE OF REGISTRATION

5.1 Address

120,243

Suburb

120,225

State

370,225

Post Code

530,225

6 DESIGN REGISTRATION DETAILS

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

6.2 Design registration number

150,160

6.3 State

330,160

6.4 Design standard

500,160

Office use only

Initial

Date

COM

OK

Pre check

To issue



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7 COMPETENT PERSON DETAILS			
7.1 Name	110,655	7.2 ACN	
7.3 Address	110,638		
Suburb	110,620	State	370,620 Post Code 530,620
Tel	110,603	Fax	Email 370,603

8 INSPECTION DETAILS			
8.1 Address	110,568		
Suburb	110,550	State	370,550 Post Code 530,550
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	110,420	Signature	Date

9 ADDITIONAL PLANT DETAILS	
1) 50,373	2) 320,373
3) 50,350	4) 320,350
5) 50,325	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: ☐ Bankcard ☐ Mastercard ☐ Visa

Card number Expiry date /

Name of card holder Signature

Payment details (Tax invoice: Department of Mines, Industry Regulation and Safety ABN 69 410 335 356)

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 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: wsplant@dmirs.wa.gov.au