

REGISTRATION FORM

Application for registration of an item of plant

Pursuant to regulation 246 of the *Work Health and Safety (National Uniform Legislation) Regulations 2011*.

This form refers to the Australian Standards to identify individual plant requirements. If a different standard has been used, please insert the equivalent details in "other".

Please see information sheet Guide for Applicants for Plant Item Registration for assistance in completing this form.

It is a requirement that all sections on this form are completed. If a section is not applicable, please mark as N/A. Ensure that any required documentation is attached for this notification to be processed.

Declaration, Payment and Lodgement details are located at the end of the form.

See Privacy Compliance Statement on NT WorkSafe website: www.worksafe.nt.gov.au

Applicant details

Name of the individual applicant or contact person for body corporate applicant	
Surname:	
First name:	
Other name/s:	

Telephone number:	
Mobile number:	
Fax number (optional):	
Email address:	

Body corporate details	
Registered name of body corporate (if applicable):	
Business registration (trading) name (if applicable):	
Australian Business Number (ABN) (if applicable):	

Registered business address for body corporate or street address for individual					
Address details:	Street number:		Street name:		
	Suburb:			State:	Postcode:
Postal address same as registered business or street address above:			<input type="checkbox"/> Yes	<input type="checkbox"/> No (complete below)	
Postal address details:	Town:			State:	Postcode:

Documents required for body corporate applicant	
<input type="checkbox"/>	If applicant has a business registration (trading) name the certificate of business registration must be supplied.

Type of plant (select one)

Name of the individual applicant or contact person for body corporate applicant	
<input type="checkbox"/>	Boilers categorised as hazard level A, B or C according to criteria in Section 2.1 of AS 4343 Pressure equipment — hazard levels.
<input type="checkbox"/>	Pressure vessels categorised as hazard level A, B or C according to the criteria in Section 2.1 of AS 4343
<input type="checkbox"/>	Pressure equipment — hazard levels, except: gas cylinders; LP Gas fuel vessels for automotive use, and serially produced vessels.
<input type="checkbox"/>	Tower cranes, including self-erecting tower cranes excluding a crane or hoist that is manually powered
<input type="checkbox"/>	Lift
<input type="checkbox"/>	Escalator
<input type="checkbox"/>	Moving walkway
<input type="checkbox"/>	Building maintenance unit
<input type="checkbox"/>	Amusement devices covered by Section 2.1 of AS 3533—Amusement Rides and Devices, except the following class 1 structures: playground structures; 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 that are sealed; inflatable devices that do not use a non return valve.
<input type="checkbox"/>	Concrete placement unit with delivery boom
<input type="checkbox"/>	Mobile cranes with a safe working load of greater than 10 tonnes

Additional information for all plant

Manufacturer	
Year of manufacture	
Model number	
Design registration number	
Jurisdiction Design registered in	
Serial number or owner plant identification number (if applicable)	
Date when plant was first commissioned or first registered (whichever occurred first).	

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 (for lifts required to identify the correct item of plant in complexes such as hospitals and shopping centres).

Address details:	Street number:		Street name:			
	Suburb:			State:		Postcode:

Design registration details. If the plant design also required registration, provide the following details:

Design registration number:	
Issuing State/Territory/Commonwealth:	

Additional information boiler

Hazard level (select one): A, B, C as described in AS 4343

Volume (Litres or m³)

Design pressure (kPa or MPa)

Design temperature (Deg. C)

Power output (kW or MW)

Attendance category according to AS 2593 (select one): Attended operation or Limited attendance operation or Unattended operation.

For boiler: deletions from list, additions, variation in units of measure etc

Additional information pressure vessel

Hazard level (for multi-chamber vessel, use highest hazard level – select one) A or B or C or D or E according to AS 4343.

Volume (Litres or m³)

Design pressure (min and max) (kPa or MPa)

Vessel contents (select): Liquid or Gas

Type of vessel: Transportable (mounted on truck), mobile or fixed (select one).

For pressure vessel: deletions from list, additions, variation in units of measure etc

Additional information for tower crane

Maximum rated capacity (t)

Maximum boom length (m)

Maximum radius (m)

Maximum installed height (m)

Type (select one): Self erecting or fixed base or rail mounted or internal climber.

For tower crane: deletions from list, additions, variation in units of measure etc

Additional information for lift

Maximum rated load (kg)

Maximum number persons.

Number of levels serviced.

Number of openings.

Lift type (select one): Passenger or Goods or Stairway or Special purpose industrial or Lift or people with limited mobility or Service or Inclined or Low rise platform for passengers.

For lift: deletions from list, additions, variation in units of measure etc

Additional information for Building maintenance unit

Type (select one or provide details in "other" from the Standard used): A or B or C as described in AS 1418 or Other:

Maximum rated capacity (kg)

Maximum number of persons

For Building maintenance unit: deletions from list, additions, variation in units of measure etc

Additional information required for amusement devices

Class (select one): 2 or 3 or 4 or 5

Type (select one): Ropeway or Inflatable or Mechanical or other (specify).

Selection of either Fixed (ASF) or Mobile (ASM).

Name of amusement device (specify).

Type of support (select one): Cabin/chair or Rope tow or Seat or Standing platform or Suspended or Slide.

Number of supports or units.

Maximum number of persons

Number of persons per support (adult and children) (if applicable)

Minimum age (if applicable)

Minimum height (cm) (of applicable)

Operating power (Select one): Battery or Electric or Electric-hydraulic or Petrol or Diesel or other (specify).

Speed- revolving or travel (rpm or kph or m/s).

Dynamic circle diameter at max speed (mm)

Is a pressure vessel used with the device? Yes or No

If Yes, does the pressure vessel require periodic internal inspections. Yes or No.

Additional information for ropeways:

Travel distance (m)

Maximum height (m)

Number of compression tension towers

Number of towers

Number of load/unload facilities

For amusement device: deletions from list, additions, variation in units of measure etc

Additional requirements for concrete placement unit with delivery boom

Maximum delivery (m³/hr)

Maximum boom length (m)

Select one: Truck mounted or fixed.

For concrete placing unit with delivery boom: deletions from list, additions, variation in units of measure etc

Additional requirements for mobile crane

Maximum rated capacity (t)

Working radius at capacity (m)

Slewing or non slewing

Boom type (Select one): Fixed length or Hydraulic extension or Pin-jib (lattice)

For mobile crane: deletions from list, additions, variation in units of measure etc

Renewal notice/application

Applicant declaration requirements

The information in this application is true and correct to the best of my knowledge.

I consent to the Work Health Authority making enquiries and exchanging information with Work Health and Safety (WHS) Regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.

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 WHS Regulator.

Print name

Date

Signature

Payment details

Credit card details submitted as payment remain confidential at all times	Payment method:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque enclosed payable to RTM (RTM – Receiver Territory Monies)
		<input type="checkbox"/> Credit Card	
	Credit Card Details:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
	Card number:	/ / /	
	Expiry date:	/ /	Amount: \$
	Cardholders Name:	
Cardholders Signature:		
Please print			

Lodgement

Please lodge your completed application together with payment and all supporting documentation in person at:

Incomplete applications cannot be processed and will be returned. The processing time for compliant applications that do not need complex internal assessment is 20 business days.

Territory Business Centres

Darwin

Ground Floor,
Development House
76 The Esplanade

Telephone: 1800 193 111

Katherine

Ground floor,
NTG Centre
First Street

Telephone: (08) 8973 8180

Alice Springs

Peter Sitzler Building
67 North Stuart Highway

Telephone: (08) 8951 8511

Tennant Creek

Shop 2, Barkly House
Cnr Davidson and Patterson
Streets

Telephone: (08) 8962 4411

Or mail or electronically lodged your completed application together with payment and all supporting documentation to:

Postal address: Territory Business Centre
GPO Box 9800
Darwin, NT 0801

Email: territory.businesscentre@nt.gov.au

Online lodgement available: www.nt.gov.au/dbe/business

For further information please contact NT WorkSafe on 1800 019 115 or go to worksafe.nt.gov.au