

Forms – Registration

FM051

Application to register design – Amusement Structures >

For registration issued under the Workplace Health and Safety Regulations.

Amusement Structures requiring design registration are structures covered by AS 3533 with the exception of Class 1 structures.

- NOTE:**
- The Design Verifier must NOT have participated in the design of the plant
 - The required fee of \$50 must accompany the application form
 - Failure to provide all of the necessary documentation will result in the registration not being processed
 - Incomplete or unsigned registrations will not be processed

Please ensure the following have been addressed:

<input type="checkbox"/>	Design registration fee \$50 (including GST)
<input type="checkbox"/>	Must have a certificate of design verification as per Regulation 88 & 89
<input type="checkbox"/>	A copy of the operator's instruction manual and a full set of drawings with this document
<input type="checkbox"/>	Design of an amusement ride shall be in accordance with relevant codes and specifications listed in Australian Standard AS 3533 as per Regulation 90(2)(a)

Office use only	
Received \$	Date
Receipt number	NT DESAP (type: 19)

Details of applicant Please note the design registration will be issued under this name

Are you:	<input type="checkbox"/> Designer	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Owner	<input type="checkbox"/> Importer	<input type="checkbox"/> Supplier
Company name				ABN	
Contact person				Telephone	
Email of contact					
Postal address					
Town		State		Postcode	

Details of amusement ride

Description of amusement ride (eg. ferris wheel, roller coaster, chair lift etc)			
Manufacturer			
Model/type		Year of Manufacture:	
Operating Name of Amusement Ride (eg: Big Dipper, Twister)			

putting safety first >



Amusement Ride Specifications

Device Type: <input type="checkbox"/> Ropeway <input type="checkbox"/> Mobile <input type="checkbox"/> Fixed	Electronically Controlled <input type="checkbox"/> Yes <input type="checkbox"/> No
Support Type: <input type="checkbox"/> Cabin/Chair lift <input type="checkbox"/> Rope Tow <input type="checkbox"/> Seat <input type="checkbox"/> Standing Platform <input type="checkbox"/> Suspended <input type="checkbox"/> Slide	
Operating Power: <input type="checkbox"/> Battery <input type="checkbox"/> Electric <input type="checkbox"/> Electric-hydraulic <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel	
Is pressure vessel used with this device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, has the equipment been inspected as required by AS 3788?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maximum Speed: A01 rpm	No. of supports or units: A02
No of persons per support: Adults A03	Children A04
Age Limit (if any): A05 years	Height Limit: A06 mm
	Max No. of persons on the device A07
Direction of rotation (eg. forward only)	
Powered by (ie: mains supply):	At amps <input type="checkbox"/> 3 phase @ 415 volts
	At kva <input type="checkbox"/> 1 phase @ 240 volts

Interstate design registration number

You must attach the letter of registration from the state you are requesting a reciprocal design from

<input type="checkbox"/> QLD Number:	<input type="checkbox"/> NSW Number:	<input type="checkbox"/> VIC Number:
<input type="checkbox"/> TAS Number:	<input type="checkbox"/> SA Number:	<input type="checkbox"/> WA Number:

Design code(s) AS 3533	Classification according to AS 3533
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Details of drawings

Drawing numbers	Revision Number

Applicant (print name)	Signature	Date
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Design Verifier's statement

Design Verifier must NOT have participated in the design

Name of verifier			
Qualifications			
Employed by			
Postal address			
Telephone	Fax	Mobile	
Email			

Are you a member of a professional association? Yes No

If yes, please provide professional association membership details and number, if applicable eg: RPEQ, IEAust, NPER

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Pursuant to Regulation 88 (2)(a) and (b) of the Workplace Health and Safety Regulations I hereby certify that the design portrayed on this registration has been produced in accordance with the record of published technical standards and/or engineering principles recorded by the designer. I was not involved in any part of the design of this plant. If the designer and design verifier are employed by the same person, I certify that the employer uses an accredited quality system that meets the requirements of AS/NZS/ISO 9001:1994. I declare that the design referred to in this application complies with the relevant standards as listed in Schedule 10 of the Workplace Health and Safety Regulations 2008.

Design Verifier (print name)	Signature	Date
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NOTE: The Code of Practice for Plant states that Design Verifiers should have acquired, through academic qualifications or design experience, the knowledge and skills to independently verify the tasks performed by the designer.

Verification Audit: a verification audit initiated by NT WorkSafe may include verification of calculations, drawings, operating instructions, test results and other design documents to assess whether control measures have been implemented for the hazards identified as posing a risk to health and safety. This will also include an assessment in respect to the nominated standards and engineering practice applied to the design.

Use of Overseas Design Standards

When applying for Design registration of plant which has been designed using a standard other than the applicable Australian Standard listed in Schedule 10 of the Northern Territory the Workplace Health and Safety Regulations, the design verifier must include a written statement that the item of plant produced using this standard has been assessed against the relevant Australian Standard and the design will produce an item of plant that provides at least an equivalent level of safety as would the Australian Standard.

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 <input type="checkbox"/> Credit Card <i>(RTM – Receiver Territory Monies)</i>
	Credit Card Details: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card number: / / / Expiry date: / Amount: \$ \$50.00
Please print	Cardholders Name:
	Cardholders Signature:

Please note that once design registration has been approved you will be required to complete and lodge the registration form to register plant [FM020](#) – Application to register designated plant, each time this piece of plant goes to a different work site. For further information please refer to bulletin 12.02.21

Before submitting this form to NT WorkSafe, please ensure that:

- The application form is signed
- The design verification statement is completed and signed by the design verifier
- The details for the plant for which design registration is sought are completed
- The representational drawings of the design are included
- The prescribed fee (\$50.00) is included
- The copy of the operators instruction manual is included

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

Lodging application - Territory Business Centres

Darwin Ground Floor, Development House 76 The Esplanade Telephone: 8999 5010	Katherine Ground floor, NTG Centre First Street Telephone: (08) 8973 8416	Alice Springs Peter Sitzler Building 67 North Stuart Highway Telephone: (08) 8951 8682	Tennant Creek Shop 2, Barkly House Cnr Davidson and Patterson Streets Telephone: (08) 8962 4411
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Or mail your completed application together with payment and all supporting documentation to:

NT WorkSafe >

GPO Box 1722 Darwin NT 0801 Telephone: 1800 019 115 Email: ntworksafe@nt.gov.au
Facsimile: (08) 8999 5141 Website: www.worksafe.nt.gov.au