

# Application to transfer existing major hazard facility licence

This form is used to transfer a [Major hazard facilities](#) licence issued under Regulation 588, 590 & 600 of the Work Health and Safety (National Uniform Legislation) Regulations 2011.

## Important Information:

Before a transfer of a Major Hazard Facility licence the Regulator must ensure the Operator will achieve a standard of health and safety in the operation of the facility that is at least equivalent to the standard that the current Operator has achieved. To allow consideration of this application the Regulator may request further information.

**It is the responsibility of the Operator of the MHF to make application to transfer the Licence to another person – Regulation 600(1).**

For the relevant application fee, visit the [licensing fees and charges](#) webpage.

## 1. Details of current licence holder (transfer from)

|                     |  |                |  |
|---------------------|--|----------------|--|
| MHF licence number: |  | Expiry date:   |  |
| Company name:       |  |                |  |
| Trading name:       |  | ABN:           |  |
| Contact person:     |  | Position:      |  |
| Contact number:     |  | Mobile number: |  |
| Email address:      |  |                |  |

## 2. Details of proposed licence holder (transfer to)

|   |     |                          |                             |
|---|-----|--------------------------|-----------------------------|
| Individual/Body corporate name:                                   |     |                          |                             |
| Trading name:   |     | ABN:                     |                             |
| Contact person:   |     | Position:                |                             |
| Address:  |     |                          |                             |
| Suburb:   |     | State:                   |                             |
|   |     |                          | Postcode:                   |
| Contact number:   |     | Mobile number:           |                             |
| Email address:  |     |                          |                             |
| Is your postal address the same as above? (If no, complete below) | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Postal address:   |     |                          |                             |
| Suburb:   |     | State:                   |                             |
|   |     |                          | Postcode:                   |

## 3. Emergency person details

|   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| Is your emergency person the same as the above? (If no, complete below) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Surname:  |     | Given name:              |    |                          |
| Contact number:   |     | Mobile number:           |    |                          |

## 4. Additional information – Proposed licence holder

|  |                          |
|--|--------------------------|
| An extract from the ASIC register is attached which lists the current owner(s), part-owner(s), director(s), partner(s) or officers having an interest. | <input type="checkbox"/> |
| Attached letter of support for transfer from current licence holder  | <input type="checkbox"/> |

**5. Licence cancellation/suspension/refusal details – proposed licence holder**

**NOTE:** if a Body Corporate, an Officer is defined within the *Corporations Act 2011*.  
 Separate declarations are required for each Officer. If there is more than one declaration, please attach a separate sheet for each Officer.

|  |  |
|--|--|
| Has the Operator/Individual (or in the case of a corporate body, any officer of the corporate body) ever been convicted or found guilty of an offence under the WHS Act or WHS Regulations or under any corresponding WHS law?<br><i>(If YES, describe any conviction or finding of guilt including dates and jurisdiction):</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|  |  |
| Has the Operator/Individual (or in the case of a corporate body, any officer of the corporate body) ever entered into an enforceable undertaking under the WHS Act or under any corresponding WHS law?<br><i>(If YES, describe any conviction or finding of guilt including dates and jurisdiction):</i>                         | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|  |  |
| Has the Operator/Individual (or in the case of a corporate body, any officer of the corporate body) been previously refused a major hazard facility licence under a corresponding WHS law?<br><i>(If YES, describe any conviction or finding of guilt including dates and jurisdiction):</i>                                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|  |  |
| If the Operator/Individual (or in the case of a corporate body, any officer of the corporate body) previously held a MHF licence under a corresponding WHS law in respect of which:<br>4a. any condition that has been imposed on that licence?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|  |  |
| 4b. that the licence had been suspended or cancelled and, if so, whether or not the operator had been disqualified from applying for a major hazard facility licence?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|  |  |

Section 268 of the WHS Act specifies that a person must not give information in complying or purportedly complying with the Act that the person knows to be false or misleading in a material particular; or omits any matter or thing without which the information is misleading. This section has a maximum penalty of \$10,000 for an individual and \$50,000 for a body corporate.

**6. Receiving licence**

|   |  |
|---|--|
| How do you wish to receive the licence? | Post <input type="checkbox"/> Email <input type="checkbox"/> Collection <input type="checkbox"/> |
|---|--|

## 7. Applicant declaration

Section 268 of the WHS Act specifies that a person must not give information in complying or purportedly complying with the Act that the person knows to be false or misleading in a material particular; or omits any matter or thing without which the information is misleading. This section has a maximum penalty of \$10,000 for an individual and \$50,000 for a body corporate.

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 WHS Regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.

|                      |  |       |  |
|----------------------|--|-------|--|
| Applicant name:      |  |       |  |
| Applicant signature: |  | Date: |  |

## Privacy statement

The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act 2002*.

You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.

The information you provide will be accessible to NT WorkSafe and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.

You may request access to the personal information we hold about you. If you want more information about the Northern Territory's privacy laws, please refer to the *Northern Territory Information Act 2002*, or the Office of the Information Commissioner NT.

## Lodgement

Complete applications can be lodged in person, email or via post at a [Territory Business Centre](#) below:

|  |  |
|--|--|
| <b>Darwin</b>                                | Building 3, Darwin Corporate Park, 631 Stuart Highway Berrimah NT.                                     |
| <b>Katherine</b>                             | Big Rivers Government Centre, 5 First Street, Katherine  |
| <b>Alice Springs</b>                         | Ground floor, The Green Well building, 50 Bath Street, Alice Springs                                   |
| <b>Tennant Creek</b>                         | Barkly Business Hub, 63 Haddock Street, Tennant Creek  |
| <b>Phone:</b> 1800 193 111                   | <b>Email:</b> <a href="mailto:territorybusinesscentre@nt.gov.au">territorybusinesscentre@nt.gov.au</a> |
| <b>Postal:</b> GPO Box 9800, Darwin, NT 0801 |  |

## Payment details

A fee is payable on lodgement of this application form. Payment can be made by:

- Cash (in person only); or
- Cheque (made out to Receiver of Territory Monies); or
- Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment.

|               |  |                 |  |              |  |
|---------------|--|-----------------|--|--------------|--|
| Payment date: |  | Receipt number: |  | Amount paid: |  |
|---------------|--|-----------------|--|--------------|--|