# Application to cancel major hazard facility licence

This form is used to cancel a Major Hazard Facility licence issued under Regulation 601 of the Work Health and Safety (National Uniform Legislation) Regulations 2011.

For the relevant application fee, visit the <u>Licensing fees and charges</u> webpage.

# 1. Details of current licence holder

Licence number:			Expiry	date:		
Company name:						
Trading name:				ABN/ACN:		
Contact person:		Position:				
Contact number:		Mobile nui	mber:			
Email address:						
Address:						
Suburb:		State:			Postcode:	
Is your postal address	the same as above? If no, complete be	elow: Yes		No		
Postal address:						
Suburb:			State	:	Postcode	2:
2. Reason for car	ncelling the MHF licence			-		
Permanent reduction	in Schedule 15 chemical quantities to I	pelow 10%	thresho	old		
Long term/Permanen	t closure of facility					
Please describe in mo	re detail including relevant dates and re	easons for t	he abo	ve (add extra s	heets if insuffi	cient
space).						





3. Receiving lice	nce						
How do you wish to	receive the licence?	Post		Email	☐ Cc	ollection	
4. Applicant dec	aration						
Section 268 of the W	/HS Act specifies that a person must not give information	in com	olying	or purp	ortedly co	mplying	
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	applica	tion.				
Applicant name:							
Applicant signature:		D	ate:				

### **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 <u>Territory Business Centre</u> below:					
Darwin	Building 3, Darwin Corporate Park, 631 Stuart Highway Berrimah				
Katherine	Big Rivers Government Centre, 5 First Street, Katherine				
Alice Springs	Ground floor, The Green Well building, 50 Bath Street. Alice Springs				
Tennant Creek	Barkly Business Hub, 63 Haddock Street, Tennant Creek				
Phone: 1800 193 111 Email: territorybusinesscentre@nt.gov.au Postal: 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:	