

Application for a replacement registration – Design or plant item

Use this form to apply for a replacement plant item registration document or plant design registration document in accordance with Regulation 288 issued under the Work Health and Safety (National Uniform Legislation) Regulation that was lost, stolen or destroyed.

For the relevant application fee, visit the licensing fees and charges webpage.

1. Registration number (if known)

| | | | |
|-----------------------------|--|---------------------------|--|
| Design registration number: | | Item registration number: | |
|-----------------------------|--|---------------------------|--|

2. Applicant details

| | | | | | | |
|---|-----|--------------------------|----|--------------------------|--|--|
| Business name: | | | | | | |
| Contact person: | | Position title: | | | | |
| Business address: | | | | | | |
| Suburb: | | State: | | Postcode: | | |
| 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: | | |
| Work number: | | Mobile number: | | | | |
| Email address: | | | | | | |

3. Plant details

| | | | | | |
|--------------------------------|--|----------------|--|--|--|
| Type of plant: | | | | | |
| Model number: | | Serial number: | | | |
| Manufacturer: | | | | | |
| Plant location: | | | | | |
| Other identifying information: | | | | | |

4. Reason for replacement

| |
|--|
| Describe the reason for the replacement registration document: |
| |

5. Receiving registration

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

6. Applicant declaration

The information in this application is true and correct to the best of my knowledge. For body corporate applicants, I have authority from the body corporate to complete and submit this application.

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

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

Checklist

| | |
|--|--------------------------|
| Application form is complete and declaration signed. | <input type="checkbox"/> |
| Prescribed application fee (see licensing fees and charges page) | <input type="checkbox"/> |

Privacy statement

The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled to the *Information Act 2002*.

Lodgement

Complete applications can be lodged in person, email or via post at a Territory Business Centre below:

| | |
|----------------------------|---|
| Darwin | Darwin Corporate Park, Building 3, 631 Stuart Highway Berrimah NT. |
| Katherine | Shop 1, Randazzo Building, 18 Katherine Terrace. |
| Alice Springs | Ground floor, The Green Well building, 50 Bath Street. |
| Tennant Creek | Shop 2, Barkly House, Cnr Davidson and Patterson Street. |
| 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: | |
|---------------|--|-----------------|--|--------------|--|