

Notification – Changes to information for an item of plant

This form is used to notify NT WorkSafe of change of location of fixed plant or ownership/control of plant certificate registered by NT WorkSafe.

Type of application:

Change in ownership/control of item/ABN Relocation of registered plant (fixed plant only)

1. Details of current owner/control details (new owner or for relocations – the existing owners details)

Company name:					
Trading name:					
ABN:					
Applicant name:		Position:			
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:					

2. Registration details (if notifying for more items please attach a list of items with registration number)

Plant type:	Boiler	<input type="checkbox"/>	Lift/escalator/moving walk	<input type="checkbox"/>	Concrete placing unit	<input type="checkbox"/>	Pressure vessel	<input type="checkbox"/>
	Mobile Crane	<input type="checkbox"/>	Building Maintenance unit	<input type="checkbox"/>	Tower Crane	<input type="checkbox"/>	Amusement device	<input type="checkbox"/>
Plant item registration no:				Expiry date:				
Serial no:								
Manufacturer:								
Description:								

3. Relocation (For fixed plant-its location. For mobile plant – the location where the plant is stored or maintained)) The registered plant has been relocated from the current registered location to:

Date of relocation:					
Location and/or name of building:					
Address:					
Suburb:		State:		Postcode:	

4. Previous owner/control details (if applicable)

Date of transfer/sale:					
Company name:					
Trading name:		ABN:			
Address:					
Suburb:		State:		Postcode:	
Is your postal address the same as above? (If no, complete below)		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Address:					
Suburb:		State:		Postcode:	
Contact person:		Position:			
Phone number:		Mobile number:			
Email address:					
Signature of previous owner/person/company having control: *			Date:		

*Signature of previous owner/controller **or** please attach a letter from the previous owner/controller stating they no longer have management or control of the item of plant.

5. Registration holder's declaration

(it is an offence under the WHS Act and Regulation for a person to make a statement that the person knows to be false)

I declare that, to the best of my knowledge, the information provided in this application and supporting this application is true and correct in every particular.		
I have authority from the registered corporation to complete and submit this application (corporate applicants only).		
The relocated item of plant has been inspected by a competent person and is safe to operate.		<input type="checkbox"/>
I have submitted this form electronically (signature is not required)		<input type="checkbox"/>
Notifier signature:		Date:

Privacy statement

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

Lodgement

Completed applications can be lodged in person, email or via post at a NT WorkSafe below:		
Phone: 1800 019 115	Email: ntworksafe@nt.gov.au	Postal: GPO Box 1722, Darwin NT 0801
In person: Darwin Corporate Park, Building 3, 631 Stuart Highway, Berrimah		