Use this form to renew the registration of an item of plant in accordance with Regulation 277 of the Work Health and Safety (National Uniform Legislation) Regulations 2011.

This form may only be used prior to the expiry of the existing registration.

Refer to the guide to plant item registration for further information and the licensing fees and charges page for the relevant application fee.

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| 1. **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business name: | | |  | | | | | | | | | | | | | | | | | | | | | | ABN: | | | | |  | | | | | | | | |
| Contact person: | | |  | | | | | | | | | | | | | Position: | | | | | | | | |  | | | | | | | | | | | | | |
| Business address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | |  | | | | | | | | | | | State: | |  | | | | | | | | | | | | | Postcode: | | | | |  | | | | |
| Is your postal address the same as above? (If no, complete below): | | | | | | | | | | | | | | | | Yes | | | | | |  | | | | | | No | | | |  | | | | | | |
| Postal address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | |  | | | | | | | | | | | State: | | |  | | | | | | | | | | | | Postcode: | | | | |  | | | | |
| Phone number: | | |  | | | | | | | | | | | Mobile number: | | | | | | | | | |  | | | | | | | | | | | | | | |
| Email address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Plant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of plant (i.e.: lift, crane): | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plant item registration no: | | | | |  | | | | | Design registration no: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Serial number: | | | |  | | | | | | Owner plant identification no: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Manufacturer: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Model no: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Location of plant**   (For fixed plant-its location. For mobile plant – the location where the plant is stored or maintained) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location and/or name of building: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | |  | | | | | | | | | State: | | | | |  | | | | | | | | | | Postcode: | | | | | | |  | | | |
| 1. **Plant type** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Boiler categorised as hazard level A, B or C according to criteria in Section 2.1 of AS 4343:2005 Pressure equipment –hazard levels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Pressure vessel categorised as hazard level A, B or C according to the criteria in Section 2.1 of  AS 4343 (Pressure equipment – Hazard levels), except:  Gas cylinders; LP Gas fuel vessels for automotive use, and serially produced vessels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Tower crane, including self-erecting tower crane excluding a crane or hoist that is manually powered and excluding reach stacker | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Lift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Escalator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Moving walkway | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Building maintenance unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Amusement device covered by Section 2.1 of AS 3533.1:2009 – Amusement Rides and Devices, except the following:   * class 1 devices; * playground devices; * water slides where water facilitates patrons to slide easily, predominantly under gravity, along a static structure; * wave generators where patrons do not come into contact with the parts of machinery used for generating water waves; * inflatable devices other than inflatable devices (continuously blown) with a platform height of 3 metres or more | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Concrete placing boom | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Mobile crane with a safe working load of greater than 10 tonnes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 1. **Receiving registration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive the licence? | | | | | | | | | Post | |  | | | | Email | | | | | | | |  | | | | | | | | Collection | | | | | |  | |
| 1. **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 and the Commonwealth regarding any matter relevant to this application.  I declare that the item of plant has been maintained, inspected and tested in accordance with regulation 213 of the WHS (NUL) Regulations and the item of plant has been inspected by a competent person and is safe to operate.  I declare that I do not hold an equivalent registration with another State or Territory or the Commonwealth Work Health and Safety Regulator. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant signature: | | | |  | | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | | | | | | | |
| **Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application form is complete and signed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Evidence of inspection by competent person attached | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Prescribed application fee (see [licensing fees and charges](https://worksafe.nt.gov.au/licensing-and-registration/licensing-fees-and-charges) page) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Copy of business registration (trading) name certificate attached | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Privacy statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled to the *Information Act.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Katherine** | | Big Rivers Government Centre - 5 First Street, Katherine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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](mailto: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: | | | | | | | | | | | |  | | | | | |