This form is used to apply for a replacement major hazard facility licence in accordance with Regulation 594 of the Work Health and Safety (National Uniform Legislation) Regulations.

**Application fee:** $50

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Licence holder details** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Major hazard facility licence number:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Company name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Trading name: | | |  | | | | | | | | | | | ABN/ACN: | | | | |  | | | | | | | | |
| Contact person: | | |  | | | | | | | | | | | Position: | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | |  | | | | | | | State: | | | |  | | | | | | Postcode: | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work number: | | |  | | | | | Mobile number: | | | | | |  | | | | | | | | | | | | | |
| Email address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Reason for replacement** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lost |  | | | | | | Stolen |  | | | | | | | | Destroyed | | | | | |  | | | | | |
| Describe how the licence was lost, stolen or destroyed: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Receiving licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive the replacement licence? | | | | | | | | | Post | | |  | | | Email | | | | |  | | | | Collection | | |  |
| 1. **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 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 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](mailto:territorybusinesscentre@nt.gov.au) | | | | | | | | | **Postal:** GPO Box 9800, Darwin, NT 0801 | | | | | | | | | | | | | |
| **Payment details** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cash |  | Cheque (Made out to Receiver of Territory Money) | | | | | | | | |  | | Credit card (Visa or MasterCard Only) | | | | | | | | | | | | |  | |
| Cardholder name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Card number: | | | |  | | | | | | | | | | Expiry: | | | |  | | | | | | | | | |
| I hereby authorise the Territory Business Centre to debit the above credit card for the amount of | | | | | | | | | | | | | | | | | | | | | | | $ | | | | |
| Cardholder signature: | | | |  | | | | | | | | | | | | | | Date: | | | | |  | | | | |