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  | **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: |  |