This form is used to apply for a major hazard facility licence in accordance with Regulation 578 of the Work Health and Safety (National Uniform Legislation) Regulations 2011.

The Operator is the person conducting the business or undertaking of operating the facility who has (a) management control of the facility and (b) the power to direct that the whole facility is shut down. The Operator can be a person or a body corporate.

**Type of application:** Company name  Individual

**Application fee:** Tier 1 $10,000  or Tier 2 $25,000  or Tier 3 $45,000

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| 1. **Company/individual details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual/Company name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trading name: | | |  | | | | | | | | | | | | | | | | | | | | ABN/ACN | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Contact person: | | |  | | | | | | | | | | | | | | | | | | | | Position: | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| Business address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | |  | | | | | | | | | | | | State: | | | | |  | | | | | | | | | | | | | | | Postcode: | | | | | | | |  | | | | | | |
| Is your postal address the same as above? (If no, complete below) | | | | | | | | | | | | | | | Yes | | | | | | | | |  | | | | | No | | | | | | | |  | | | | | | | | | | | | |
| Postal address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | |  | | | | | | | | | | | | State: | | | | |  | | | | | | | | | | | | | | | Postcode: | | | | | | | |  | | | | | | |
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| Work number: | | |  | | | | | | | | | Mobile number: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Emergency person details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your emergency person the same as above? (if no, complete below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | |  | | | | | | No | | | | |  | | |
| Surname: | | |  | | | | | | | | | | Given name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Work number: | | |  | | | | | | | | | | Mobile number: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Safety case** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| An electronic copy of the safety case is submitted with this application.  **Note:** An independent third party must certify the safety case who is not the person or group of persons who developed or amended the safety case. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 1. **Safety case certifier details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | |  | | | | | | | | | | Given name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certifiers organisation name (if applicable): | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work number: | | |  | | | | | | | | | | Mobile number: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Copy of certifiers resume/qualifications attached | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| I declare that I am an independent third party and have not been involved in the development of this safety case.  I declare that I am a competent person who has attained the necessary skills, knowledge and experience to assess the safety case and that it complies with Chapter 9 of the Work Health and Safety (National Uniform Legislation) Regulations 2011. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certifier signature: | | |  | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | |  | | | | | | | | | | | | | | | |
| 1. **ASIC register** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| An extract from the ASIC register is attached which lists the current owner(s), part-owner(s), director(s), partner(s) or officers having an interest. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 1. **Quantities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Proper shipping name** | | | | | | | | | | **UN number** | | | | **DG class** | | | | | | | | **Quantity & Unit**  **(Tonnes)** | | | | | | | | | | | | | | | | | **Storage method** | | | | | | | | | | |
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| 1. **Licence cancellation/suspension/refusal details** (if applicant is an individual or body corporate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOTE**: if a Body Corporate, an Officer is defined within the *Corporations Act* 2011.  Separate declarations are required for each Officer. If there is more than one declaration, please attach a separate sheet for each Officer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the Operator/Individual (or in the case of a corporate body, any officer of the corporate body) ever been convicted or found guilty of an offence under the WHS Act or WHS Regulations or under any corresponding WHS law? **(*If YES, describe any conviction or finding of guilt including dates and jurisdiction):*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No | | | | |  | | | Yes | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the Operator/Individual (or in the case of a corporate body, any officer of the corporate body) ever entered into an enforceable undertaking under the WHS Act or under any corresponding WHS law?  **(*If YES, describe any conviction or finding of guilt including dates and jurisdiction):*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No | | | | |  | | | Yes | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the Operator/Individual (or in the case of a corporate body, any officer of the corporate body) been previously refused a major hazard facility licence under a corresponding WHS law?  **(*If YES, describe any conviction or finding of guilt including dates and jurisdiction):*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No | | | | |  | | | Yes | | | | |  |
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| **Licence cancellation/suspension/refusal details (continued)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the Operator/Individual (or in the case of a corporate body, any officer of the corporate body) previously held a MHF licence under a corresponding WHS law in respect of which:  4a. any condition that has been imposed on that licence? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No | | | | |  | | | Yes | | | | |  |
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| 4b. that the licence had been suspended or cancelled and, if so, whether or not the operator had been disqualified from applying for a major hazard facility licence? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No | | | | |  | | | Yes | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. Receiving licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive the licence? | | | | | | | | | | | Post | | | |  | | | | | Email | | | | | | | | | |  | | | | | | | | | | Collection | | | | | | | |  | |
| **9. Applicant declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | |  | | | | | | | | | | | | |