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 | | | | | |  | | | No | | | | | | | |  | | | | | | |
| Postal address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | |  | | | | | | | | | | | | State: | | |  | | | | | | | | | | | | Postcode: | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work number: | | | |  | | | | | | | Mobile number: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Email address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Registration details** (if notifying for more items please attach a list of items with registration number) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plant type: | Boiler | | | | |  | Lift/escalator/moving walk | | | | |  | | | Concrete placing unit | | | | | | | | | | | |  | | | | | | Pressure vessel | | | | | |  |
| Mobile Crane | | | | |  | Building Maintenance unit | | | | |  | | | Tower Crane | | | | | | | | | | | |  | | | | | | Amusement device | | | | | |  |
| Plant item registration no: | | | | | |  | | | | | | | Expiry date: | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Serial no: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manufacturer: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **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: | | | | | | |  | | |
| 1. **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 |  | | | | | | | No | | | | |  | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| I have submitted this form electronically (signature is not required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |