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 |