This form is used to renew a major hazard facility licence in accordance with Regulation 596 of the Work Health and Safety (National Uniform Legislation) Regulations 2011.

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

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| 1. **Details of current licence holder** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MHF licence number**: | | | | | |  | | | | | | | | | | | | | **Expiry Date:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| 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 number: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Emergency person details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your emergency person the same as above? (if no, complete below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | | | No | | | | |  | |
| Surname: | | | | |  | | | | | | | | Given name: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence cancellation/suspension/refusal details (continued)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Receiving licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive the 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: | | | | | | | | |  | | | | | | | | | | | | | | |