

Registration of an item of plant

Use this form to register an item of plant in accordance with Regulation 266 of the Work Health and Safety (National Uniform Legislation) Regulations 2011.

Refer to the guide to plant item registration for further information and the licensing fees and charges page for the application fee.

1. Applicant details

Company name:		ABN:	
Trading name:			
Applicant name:		Position:	
Business address:			
Suburb:		State:	
		Postcode:	
Is your postal address the same as above? (If no, complete below)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Postal address:			
Suburb:		State:	
		Postcode:	
Work number:		Mobile number:	
Email address:			

2. Plant details

Manufacturer:			
Year of manufacture:		Model no:	
Design registration no:		Jurisdiction design was registered in: (Please provide copy if available)	
Serial number:		Owner plant identification no:	
Date when plant was first commissioned or first registered (whichever occurred first):			

3. Location of plant

(For fixed plant - its location. For mobile plant - the location where the plant is stored or maintained)

Location and/or name of building:			
Address:			
Suburb:		State:	
		Postcode:	

4. Type of plant (select one)

Boiler categorised as hazard level A, B or C according to criteria in Section 2.1 of AS 4343:2005 Pressure equipment -hazard levels. (Complete 5.1)	<input type="checkbox"/>
Pressure vessel categorised as hazard level A, B or C according to the criteria in Section 2.1 of AS 4343:2005 (Pressure equipment – Hazard levels), except: Gas cylinders; LP Gas fuel vessels for automotive use, and serially produced vessels (Complete 5.2)	<input type="checkbox"/>
Tower crane, including self-erecting tower crane excluding a crane or hoist that is manually powered and excluding reach stacker (Complete 5.3)	<input type="checkbox"/>
Lift (Complete 5.4)	<input type="checkbox"/>
Escalator (Complete 5.5)	<input type="checkbox"/>
Moving walkway (Complete 5.5)	<input type="checkbox"/>

Building maintenance unit (Complete 5.6)	<input type="checkbox"/>
Amusement device covered by Section 2.1 of AS 3533.1:2009 – Amusement Rides and Devices, except the following: <ul style="list-style-type: none"> class 1 devices; playground devices; water slides where water facilitates patrons to slide easily, predominantly under gravity, along a static structure; wave generators where patrons do not come into contact with the parts of machinery used for generating water waves; inflatable devices, other than inflatable devices (continuously blown) with a platform height of 3 metres or more (Complete 5.7)	<input type="checkbox"/>
Concrete placing boom (Complete 5.8)	<input type="checkbox"/>
Mobile crane with a safe working load of greater than 10 tonnes (Complete 5.9)	<input type="checkbox"/>

5.1 Boiler

Hazard level described in AS 4343 (select one):	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	Volume (litres or m ³):	
Design Pressure – minimum (kPa or MPa):				and maximum (kPa or MPa):	
Design temperature (°C):				Power output (kW or MW):	
Attend category according to AS 2593 (select one):	Attended operation <input type="checkbox"/>	Limited attendance operation <input type="checkbox"/>	Unattended operation <input type="checkbox"/>		

5.2 Pressure vessel

Hazard level described in AS 4343 (for multi-chamber vessel, use highest hazard level – select one):	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	
Volume (litres or m ³):			Design temperature (°C):	
Design Pressure – minimum (kPa or MPa):			and maximum (kPa or MPa):	
Vessel contents (select one):	Liquid <input type="checkbox"/>	Gas <input type="checkbox"/>		
Type of vessel (select one):	Transportable (mounted on truck) <input type="checkbox"/>	Mobile <input type="checkbox"/>	Fixed <input type="checkbox"/>	

5.3 Tower crane

Maximum rated capacity (t):		Maximum boom length (m):	
Maximum radius (m):		Maximum installed height (m):	
Type (select one):	Self-erecting <input type="checkbox"/>	Fixed base <input type="checkbox"/>	Rail mounted <input type="checkbox"/> Internal climber <input type="checkbox"/>

5.4 Lift

Maximum rated load (kg):		Maximum number persons:	
Number of levels serviced:		Number of openings:	
Lift type (select one):	Passenger <input type="checkbox"/>	Goods <input type="checkbox"/>	Stairway <input type="checkbox"/> Inclined <input type="checkbox"/> Service <input type="checkbox"/>
	People with limited mobility <input type="checkbox"/>	Special purpose industrial <input type="checkbox"/>	Low rise platform for passengers <input type="checkbox"/>

5.5 Escalator or moving walkway

Rated capacity (maximum number of persons per hour):		Maximum speed (m/s):	
Maximum travel length (m):		Maximum angle of incline (degrees):	

5.6 Building maintenance unit

Type as described in AS 1418: (Select one or provide details in 'Other' from the Standard used)	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	Other (specify):
Maximum rated capacity (kg):			Maximum number of people:	

5.7 Amusement device

Class (select one):	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Type (select one):	Mechanical <input type="checkbox"/>	Inflatable <input type="checkbox"/>	Ropeway (complete 5.7a below) <input type="checkbox"/>	
	Other (specify) <input type="checkbox"/>			
Please indicate:	Fixed (ASF) <input type="checkbox"/>	Mobile (ASM) <input type="checkbox"/>		
Name of amusement device (specify):				
Type of support (select one):	Cabin/chair <input type="checkbox"/>	Rope tow <input type="checkbox"/>	Seat <input type="checkbox"/>	Standing platform <input type="checkbox"/>
	Suspended <input type="checkbox"/>	Slide <input type="checkbox"/>		
Number of supports or units:			Maximum number of persons:	
Number of persons per support (adult and children, if applicable):				
Minimum age (if applicable):			Minimum rider height (cm) (if applicable):	
Operating power (select one):	Battery <input type="checkbox"/>	Electric <input type="checkbox"/>	Petrol <input type="checkbox"/>	Diesel <input type="checkbox"/>
	Electric-hydraulic <input type="checkbox"/>			
	Other (specify) <input type="checkbox"/>			
Speed-revolving or travel (rpm or kph or m/s):	Speed-revolving <input type="checkbox"/>		Travel (rpm or kph or m/s) <input type="checkbox"/>	
Dynamic circle diameter at max speed (mm):				
Is a pressure vessel used with the device?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If yes, does the pressure vessel require periodic internal inspections?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	

5.7a Ropeways

Travel distance (m):			Maximum height (m):	
No. of towers:		No. of compression tension towers:		No. of load/unload facilities:

5.8 Concrete placing boom

Maximum delivery (m ³ /hr):			Maximum boom length (m):	
Type (select one):	Truck mounted <input type="checkbox"/>	Fixed <input type="checkbox"/>		

5.9 Mobile cranes

Maximum rated capacity (t):			Working radius at capacity (m):	
Type (select one):	Slewing <input type="checkbox"/>	Non slewing <input type="checkbox"/>		
Boom type (select one):	Fixed length <input type="checkbox"/>	Hydraulic extension <input type="checkbox"/>	Pin-jib (lattice) <input type="checkbox"/>	

6. Receiving registration

How do you wish to receive the registration?	Post <input type="checkbox"/>	Email <input type="checkbox"/>	Collection <input type="checkbox"/>
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7. Applicant declaration

I have authority from the body corporate to complete and submit this application.
 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 work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.
The item of plant has been inspected by a competent person and is safe to operate.
 I do not hold an equivalent registration with another State or Territory or the Commonwealth Work Health and Safety Regulator.

Applicant name:			
Applicant signature:		Date:	

Checklist

Application form completed and declaration signed	<input type="checkbox"/>
Evidence of inspection by competent person attached	<input type="checkbox"/>
Copy of the Business Registration (trading) name attached	<input type="checkbox"/>
Prescribed application fee (see licensing fees and charges page)	<input type="checkbox"/>

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	Big Rivers Government Centre - 5 First Street	
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

A fee is payable on lodgement of this application form. Payment can be made by:

- Cash (in person only); or
- Cheque (made out to Receiver of Territory Monies); or
- Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment.

Payment date:		Receipt number:		Amount paid:	
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