

Application to replace a plant item or design registration document

Explanatory notes

Important – Please read the following before completing and lodging your application:

This form is to be used to apply for a replacement plant item registration document or plant design registration document issued under the WHS Regulation that was lost, stolen, damaged or destroyed. This form is also used to request a replacement plant item or design registration document that was not received or contains a printing error.

Fees

Refer to the [WorkCover NSW fees schedule \(catalogue no. WC01011\)](#) available at workcover.nsw.gov.au or call WorkCover on 13 10 50.

Return of registration documents

Recovered (subsequent to the document being lost or stolen) or damaged documents and those with printing errors must be returned to WorkCover NSW within seven days of receipt of the replacement to:

Customer Service Centre, WorkCover NSW, Locked Bag 2906, Lisarow, NSW 2252.

How to fill in this form

Please use **black** ink only and print within the boxes in BLOCK LETTERS. Where required, please mark box(es) with a .

Lodgement

Fax: (02) 9287 5498 (credit card payments only)

Post: Operations (CSC), WorkCover NSW, Locked Bag 2906, Lisarow, NSW 2252.

Email: operations@workcover.nsw.gov.au (credit card payments only)

Enquiries – 13 10 50

Privacy statement

Information provided in this form will not be used or disclosed except in accordance with the requirements of the *Privacy and Personal Information Protection Act 1998* (PPIP Act) and/or *Government Information (Public Access) Act 2009* (GIPA Act).

This information is collected by WorkCover for the purposes of evaluation, assessment and processing of an application for a replacement plant registration document as required by the WHS Act and WHS Regulation, and for the purpose of ensuring compliance with that legislation.

WorkCover may use this information for the purposes of confirming applicant details in the event the replacement registration is applied for and it may be used to establish and maintain a database. The information may also be used to assist the WorkCover inspectorate with their work generally and may also be made available to other NSW state government agencies, or the commonwealth, state or territory work health safety regulatory authorities.

Except for the purpose of prosecution or the purposes referred to above and unless such disclosure is otherwise required or permitted by law the information will not be otherwise accessed by any third parties in a way that would identify the individual or body corporate without the consent of that individual or body corporate.

Applicants are able to gain access to personal information held by WorkCover pertaining to this application. You may also apply to WorkCover to access and correct any of your own personal information that WorkCover may hold if that information is inaccurate, incomplete, not relevant or out of date. Applications must be made in writing to the Privacy Contact Officer, WorkCover NSW, Locked Bag 2906, Lisarow, NSW 2252.

1. REGISTRATION DETAILS

1.1 Registration number

Please provide the registration number, if known.

Plant item registration number

Plant design registration number

1.2 Plant item or design specifications

If the registration number is not known, please provide sufficient details to identify the plant registration.

Type of plant

Manufacturer

Working location

Model number

Serial number

Other identifying information

2. DETAILS OF THE REGISTRATION HOLDER

Are you the owner of the registered plant?

Yes No. A letter of authorisation from the owner of the plant item(s) or design must be attached to this application.

Individual or contact person for corporation

Title

Family/Surname

Given name

Other names

Date of birth (DD/MM/YYYY)

Daytime contact number

Mobile number

Fax number

Email

Corporation details (if applicable)

Registered name

Registered business (trading) name (if applicable)

ABN

2.1 Change of address

If you have changed your address since your last registration application and haven't notified WorkCover, please supply your new details below.

Street address (must NOT be a PO Box)

Corporations to provide their registered business address. Individuals to provide their address.

Building name (or care of (C/O) and details)

Unit number/Street number/Property number (include Lot or DP number if applicable)

Street name

Suburb

State

Postcode

Postal address Same as street address

Unit number/Street number/PO Box/Property number (include Lot or DP number if applicable)

Street name

Suburb

State

Postcode

3. REASON FOR REPLACEMENT (please tick the appropriate box)

- Lost Stolen Damaged Destroyed Not received Printing error

3.1 Describe how the plant registration document was lost, stolen, damaged, destroyed or provide details of the printing error.

4. APPLICANT DECLARATION

I, (print name)

declare and understand that:

- I have the authority on behalf of the body corporate (if applicable) to lodge this application
- the information supplied in this application is true and correct in every particular
- I consent to the making of inquiries of, and the exchange of information with, the authorities of any state or territory in matters relevant to this application.

Signature of applicant

Date (DD/MM/YYYY)

It is an offence under the *Crimes Act 1900* (Crimes Act) and section 268 of the WHS Act to make a false or misleading statement in the form, heavy penalties apply.

