

Application for a major hazard facility licence

Explanatory note

Use this form to apply to WorkCover NSW for a major hazard facility (MHF) licence.

How to lodge this form

Please complete the checklist on page 4 to ensure you have included all information required.

Please submit one form for each major hazard facility.

The declaration must be completed, signed and dated.

You may lodge your application by mail or in person at WorkCover's Sydney CBD office:
Building C, Centennial Plaza,
Level 10, 300 Elizabeth Street,
Surry Hills, NSW 2010

Note: No fee is payable at time of submission. No proof of identity check is required.

Postal address for lodging this form

Major Hazard Facilities Unit
WorkCover NSW
Level 4, 2 Burbank Place
Baulkham Hills NSW 2153

Further information

For more information or assistance:

- email WorkCover's MHF Unit at mhf@workcover.nsw.gov.au
- phone WorkCover on 13 10 50
- visit workcover.nsw.gov.au
- contact your union or industry association.

Privacy statement

Information in this form is collected by WorkCover for the purpose of undertaking evaluations, assessments and processing of major hazard facility licence applications, as required by the WHS Regulation.

This information may also be used by WorkCover to assist the WorkCover inspectorate with their work. Information is also made available to local councils and emergency services to assist with emergency response and planning, and to other government departments and relevant local councils.

Except as above or for the purpose of carrying out investigative or regulatory functions or unless such disclosure is otherwise permitted or required by law, any personal information will not be disclosed in a way that would identify the individual, without the consent of that individual.

You may also apply to WorkCover to access and correct any personal information WorkCover holds, if that information is inaccurate, incomplete, not relevant or out of date. Applications should be made in writing to: Privacy Contact Officer, WorkCover NSW, Locked Bag 2906, Lisarow, NSW 2252.

APPLICANT DETAILS

Type of business entity (please tick)

Body corporate Individual

Legal name of operator

Provide the legal name of the operating company, as registered against the Australian Business Number and as listed on the Notice of MHF Determination.

Grid of 30 empty boxes for legal name

ABN

ABN format: [][] - [][][] - [][][] - [][][]

Trading name

Provide the trading name of the operating company if it conducts the business or undertaking under another business name. A certificate or other written evidence of the registration of the business name must also be attached as a separate document.

Grid of 30 empty boxes for trading name

Operator declarations

Has the operator as an individual or any officer of the operator (where the operator is a body corporate):

Been convicted, or found guilty of an offence under the WHS Act or WHS Regulation, or under any corresponding work health and safety law?

Yes (attach details) No

Entered into an enforceable undertaking under the WHS Act or under any corresponding work health and safety law?

Yes (attach details) No

Had an equivalent licence refused under a corresponding work health and safety law?

Yes (attach details) No

Held an equivalent licence under corresponding law?

Yes No (proceed to next section)

Where the operator has previously held an equivalent licence under corresponding work health and safety law:

Were any conditions imposed on that licence?

Yes (attach details) No

Has that licence been suspended or cancelled?

Yes (attach details) No

Was the operator disqualified from applying for a similar licence?

Yes (attach details) No

Street address of the major hazard facility

Provide the physical address of the major hazard facility for which a licence is sought. Where a street number is not allocated, provide the LOT and DP number.

Street number/Property number (include Lot and DP number)

Grid of 30 empty boxes for street number

Street name

Grid of 30 empty boxes for street name

Suburb

Grid of 25 empty boxes for suburb

State

Grid of 4 empty boxes for state

Postcode

Grid of 6 empty boxes for postcode

Facility reference number

Provide the five digit reference number assigned by WorkCover, as listed on the Notice of MHF Determination – eg 10555.

Reference number

Grid of 5 empty boxes for reference number

Contact details

Provide contact details of the person we can contact to check details of this application.

Form fields for contact details including Title, Family/Surname, Given name, Job title, Business number, Mobile number, and Business email address.

REQUIRED DOCUMENTS

Provide with this application two paper copies and one CD ROM copy for each of the following documents:

- Safety case
Emergency plan
Security plan

DECLARATION

You must sign this declaration to certify that the information included in the form is correct.

Form fields for declaration including I (full name), Holding the position of (job title), In (name of organisation), At (work address or location), Street number/Property number, Street name, Suburb, State, and Postcode.

hereby declare that:

- I am 18 years of age or over
I am aware that it is an offence under section 268 of the WHS Act to provide any information in this application that I know is false or misleading in a material particular.

and that to the best of my knowledge and belief:

- the information contained in this application is true and correct in every material particular
I am authorised to complete this application and make this declaration on behalf of the operator.

Signature of person making this declaration

Date (DD/MM/YYYY)

Signature box

Date input fields

CHECKLIST

Have you (✓):

1. Completed this form?
2. Included supporting documentation of the business' trading name (if applicable)?
3. Included supporting documentation for the operator declarations (where applicable)?
4. Included two paper copies and one electronic copy (on CD ROM) of the safety case?
5. Included two paper copies and one electronic copy (on CD ROM) of the final emergency plan?
6. Included two paper copies and one electronic copy (on CD ROM) of the final security plan?
7. Completed the declaration?
8. Kept copies of all the documents supplied, including this form?
9. Kept the information used to develop the safety case?

FURTHER INFORMATION

For further information, phone WorkCover on **13 10 50**, visit workcover.nsw.gov.au or contact the MHF Unit at mhf@workcover.nsw.gov.au

Office use only

Date received:

*Insert date stamp here*TRIM document number:
