

NOTIFICATION OF RELOCATION OR CHANGE OF OWNERSHIP OF REGISTERED PLANT

PLANT C JUNE 2019

Complete this form to change the location of fixed plant or ownership/control of plant certificate registered by SafeWork NSW (the Regulator).

How to fill in this form

Please type directly into the form. When complete, save a copy before emailing or printing.

If completing by hand, please print clearly and mark box(es) with a tick ☒ where required.

For assistance call 13 10 50

Fees

There is no fee associated with this form.

Lodgement instructions

Email (preferred): licensing@safework.nsw.gov.au

Post: SafeWork NSW

Locked Bag 2906, Lisarow, NSW 2252.

Email or post the application – do not send more than once.

Privacy compliance statement

Information provided in this form will not be used or disclosed except in accordance with the requirement 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 the Regulator for the purposes of evaluation, assessment and processing of an application for a change of information for Registered Plant required by the WHS Act and WHS Regulation and for the purpose of ensuring compliance with that legislation.

The Regulator may also use this information for the purposes of confirming applicant details and to establish and maintain an external database. The information may also be used to assist the Regulator and its inspectorate with their work generally and may also be made available to other NSW state government agencies, other state or territory training authorities 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, without the consent of that individual.

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access and correct any of your own personal information if that information is inaccurate, incomplete, not relevant or out of date.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

SECTION 1. TYPE OF PLANT

Boiler	Tower crane	Concrete placing unit	Pressure vessel
Mobile crane	Building maintenance unit	Lift/escalator/moving walk	Amusement device

SECTION 2. NOTIFICATION IS MADE OF THE

Change in ownership/control of item/ ABN – complete sections 3, 4, 6 and 7	Relocation of registered plant (fixed plant only) – complete sections 3, 4, 5 and 7
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SECTION 3. REGISTRATION DETAILS

If notifying for more items please attach a list of items with registration number.

NSW item registration number (mandatory)

Expiry date (DD/MM/YYYY)

SECTION 4. NEW OWNER/CONTROL DETAILS**SECTION 4.1 INDIVIDUAL APPLICANT OR NOMINATED RESPONSIBLE PERSON FOR CORPORATION**

Title	Family/Surname	Other names
Given name	Daytime contact number	Mobile number
Email		

SECTION 4.2 WORKING LOCATION FOR PLANT ITEM

Unit number/Street number/Property number (include Lot or DP number if applicable)	Suburb
Street name	State
	Postcode

SECTION 4.3 CORPORATION DETAILS (IF APPLICABLE)

Registered name	Registered business (trading) name (if applicable)
ABN	

SECTION 4.4 ADDRESS (STREET ADDRESS FOR AN INDIVIDUAL OR REGISTERED BUSINESS ADDRESS FOR A CORPORATION)

STREET ADDRESS (MUST NOT BE A PO BOX)
Unit number/Street number/Property number
(include Lot or DP number if applicable)

POSTAL ADDRESS Same as street address
Unit number/Street number/Property number
(include Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)

Street name	Street name
Suburb	Suburb
State	State
Postcode	Postcode
Country (if other than Australia)	Country (if other than Australia)

SECTION 5. DETAILS SECTION

When relocating a Tower Crane to a new worksite, you are required to submit a letter from your structural engineer stating that the Crane's foundation is designed in accordance with AS 1418.4: Cranes hoist and winches, Part 4: Tower Cranes clause 2.4.5 Footings and foundations. This letter should state the following: 'The footings and foundations have been designed in accordance with the relevant Australian Standards and with regard to the results of a report on geotechnical conditions specific to the location of the installation. The registered plant has been relocated from the current registered location to:

Same as Section 4.2 – Working Location for Plant Item.

Date of relocation (DD/MM/YYYY)	Street name
Unit number/Street number/Property number (include Lot or DP number if applicable)	Suburb
	State
	Postcode

SECTION 6. PREVIOUS OWNER/CONTROL DETAILS (IF APPLICABLE)

Date of transfer/sale (DD/MM/YYYY)

SECTION 6.1 INDIVIDUAL OR NOMINATED RESPONSIBLE PERSON FOR CORPORATION

Title	Given name
Family/Surname	Other names

SECTION 6.2 CORPORATION DETAILS (IF APPLICABLE)

Registered name	Registered business (trading) name (if applicable)
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ABN

SECTION 6.3 ADDRESS (STREET ADDRESS FOR AN INDIVIDUAL OR REGISTERED BUSINESS ADDRESS FOR A CORPORATION)

STREET ADDRESS (MUST NOT BE A PO BOX)

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

Street name

Suburb

State

Postcode

Country (if other than Australia)

POSTAL ADDRESS

Same as street address

Unit number/Street number/Property number
(include Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)

Street name

Suburb

State

Postcode

Country (if other than Australia)

Signature of previous owner/person/company having control* Date (DD/MM/YYYY)

*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

SECTION 7. 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.

Title	Daytime contact number	
Family/Surname	Mobile number	
Given name	Email	
Other names	Registration holder's signature	Date (DD/MM/YYYY)
Job title		