

MAJOR HAZARD FACILITY LICENCE – APPLICATION

FMHF02 OCTOBER 2016

Use this form to apply to SafeWork NSW (the Regulator) for a major hazard facility (MHF) Licence. See WHS Reg C577 who may apply for a licence.

The declaration must be completed, signed and dated.

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.

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

Please submit one form for each major hazard facility.

For assistance call 13 10 50

Fees

There is no fee associated with this form.

Lodgement instructions

You may lodge your application by mail or in person at:

SafeWork NSW
Level 4, 2 Burbank Place
Baulkhams Hills, NSW 2153.

Privacy compliance 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* (PIPPA Act) and/or *Government Information (Public Access) Act 2009* (GIPA Act).

This information is collected by SafeWork NSW (the Regulator) for the purpose of evaluation, assessment and processing of an application as required by the WHS Act and WHS Regulation (C578), and for the purpose of ensuring compliance with the legislation.

The Regulator may use this information for the purposes of confirming applicant details, to establish and maintain an external database and to assist the Regulators Inspectorate with their work generally. The information may also be made available to other NSW state government agencies, or the Commonwealth, state or territory regulatory authorities.

Except for the purpose of prosecution or the purpose 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 corporation without the consent of that individual or body corporation.

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own personal information that the Regulator may hold if that information is inaccurate, incomplete, not relevant or out of date.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, SafeWork NSW, Locked Bag 2906, Lisarow, NSW 2252.

SECTION 1. APPLICANT DETAILS

SECTION 1.1 LEGAL NAME OF OPERATOR C578 (2) (a)

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

ABN

Facility reference number*

*Provide the five digit reference number assigned by SafeWork NSW, as listed on the Notice of MHF Determination (for example – 10555).

Section 1 continued over...

SECTION 1.2 TYPE OF BUSINESS ENTITY C578 (2)(b)

Mark one box only.

Body corporate Individual

SECTION 1.3 TRADING NAME C578(2)(f)

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.

SECTION 1.4 OPERATOR DECLARATIONS C578(2)(f)

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

(i) 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 of any conviction or finding of guilt) No

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

Yes (attach details) No

(iii) Has the operator previously had an equivalent Licence refused under a corresponding work health and safety law?

Yes (attach details) No

(iv) Held an equivalent licence under corresponding law?

Yes (attach details) No

(v) 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

SECTION 1.5 STREET ADDRESS OF THE MAJOR HAZARD FACILITY

MHF phone number

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

Suburb

Street name

State

Postcode

Section 1 continued over...

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.

Person making this declaration signature

Date (DD/MM/YYYY)

SECTION 4. CHECKLIST TO SUBMIT YOUR APPLICATION

I have completed all sections of this form.

I have included supporting documentation of the business' trading name (if applicable) (refer S1.3).

I have included supporting documentation for the operator declarations (where applicable).
(refer S1.4 and S3).

I have included two (2) paper copies and one (1) electronic copy (for example an email or USB flash drive) of the safety case. (refer to S2).

I have included two (2) paper copies and one (1) electronic copy (for example an email or USB flash drive) of the final emergency plan? (refer to S2).

I have included two (2) paper copies and one (1) electronic copy (for example an email or USB flash drive) of the final security plan? (refer to S2).

I have kept copies of all the documents I am supplying including this form.

SECTION 5. FURTHER INFORMATION

For further information, phone SafeWork NSW on 13 10 50, visit www.safework.nsw.gov.au or contact the MHF Unit at mhf@safework.nsw.gov.au

Office use only

Date received:

Insert date stamp here

TRIM document number: