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| **Petroleum and geothermal energy operations: Application for facility operator registration** |
| *Work Health and Safety Act 2020*  Work Health and Safety (Petroleum and Geothermal Energy Operations) Regulations 2022 |

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| **1. Name of the facility** | | | | | | |
| Type of facility | enter text. | | | | | |
| This is a nomination of a facility operator for the (Petroleum and Geothermal Energy Operations) enter text. facility under the Work Health and Safety Regulations 2022.  Nomination of the facility operator can only be made by ***either*** the facility owner, charterer or lessee ***or*** the permittee, lessee or licensee.  Note: depending on who you represent, please complete either section 2 or section 3 and 4 below. | | | | | | |
| **2. This section is to be completed by the facility owner, charterer or lessee** | | | | | | |
| **I,** Surname enter text. Given names enter text.  being the (position) enter text. of (name of facility owner, charterer or lessee) enter text.  being the  owner  charterer  lessee of the (name of facility) enter text. facility nominate  (name of operator) enter text. as the operator of this facility.  enter text/signature DD/MM/YYYY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature Date**  enter postal address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postal address | | | | | | |
| 3. This section is to be completed by the title holder (permittee, lessee or licensee) in  relation to the facility | | | | | | |
| **I,** Surname enter text. Given names enter text.  being the (position) enter text. of (name of titleholder) enter text. being the titleholder of the  (name of facility) enter text. facility nominate (name of operator) enter text. as the operator of this  facility. | | | | | | |
| enter text/signature here DD/MM/YYYY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature Date**  enter postal address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postal address | | | | | | |
| **4. List of all other titleholder(s)** | | | | | | |
| Name of titleholder(s) | | enter text. | | | | |
| In accepting this nomination, the person who has been nominated as operator is accepting that they have, or will have, day-to-day management and control of the facility and operations at the facility.  For this nomination to be valid, please ensure that the Nominee Acceptance section is completed.  Note: the Operator bears duties under Part 2 of the *Work Health and Safety Act 2020*. | | | | | | |
| **5. Nominee acceptance of nomination as operator** | | | | | | |
| **I,** Surname enter text. Given names enter text.  being the (position) enter text. of (name of nominated operator) enter text. consent on behalf  of (name of nominated operator) enter text. to its enter text. nomination as operator of  (name of facility) enter text.facility and I warrant, on behalf of the nominee, that the nominee  has day-to-day management and control of operations at the facility.  enter text/signature DD/MM/YYYY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature Date**  enter postal address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postal address | | | | | | |
| **6. Please complete all the fields in this section** | | | | | | |
| **Operator’s contact details** | | | | | | |
| Nominated contact person:  **I,** Surname enter text. Given names enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  enter text/signature DD/MM/YYYY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature Date**  Note:   * Please enter the operator’s principal place of business; * if the operator’s principal place of business is not in Australia, then provide address details of the principal place of business overseas; and * contact telephone numbers should be at the place of business specified in the address. | | | | | | |
| **Business Hours** | | | enter text. | | | |
| Business address | | | enter text. | | | |
| Postal address | | | enter text. | | | |
| Telephone | | | enter text. | Email | enter text. | |
| Telephone (after hours) | | | enter text. | | | |
| Other ACN (if applicable) | | | enter text. | ABN (if applicable) | | enter text. |
| ARBN (if applicable) | | | enter text. | ARSN (if applicable) | | enter text. |
| **Complete and forward this form to:** [petreps@dmirs.wa.gov.au](mailto:petreps@dmirs.wa.gov.au) | | | | | | |