



OFFICE USE ONLY Registered Plant Number
Lodgement Number

Form 203

Application for a

Regulation 288(2) Work Health a							
Registration holder details							
Circumstances – tick the applicable box							
Type of registration							
Plant design		Item of plant					
Design registration no.		Plant registration no.					
Type of registration holder - select the entity type ('Individual' or 'Body corporate'). Complete registration holder details for one entity type only.							
Individual		Body corporate					
First name			orporate/company				
Surname		Contact person					
Business name (t/as)		Business name (t/as)					
Email – Replacement registration is sent by email		Email - Replacement registration is sent by email					
Phone		Phone					
Address		Registered address					
Street		Street					
Suburb		Suburb					
State Postcode		State	Postcode				
Lost	Stolen		Destroyed				
You must provide a description of the circumstances in which the registration was lost, stolen or destroyed.							
		-					

Declaration by registration holder							
False and misleading	a information						
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Section 268 of the Work Health and Safety Act 2020 provides for penalties of up to \$12,500 where a person knowingly gives information that is false or misleading.							
(Full name of individu	ual registration hol	der / Director of a body corporate	registration ho	older)			
		provided in this application is to ces in which the original regist					
 Hereby make an application for a replacement registration document in accordance with regulation 288 of the Work Health and Safety (General) Regulations 2022. 							
Signature			Date	e			
Method of payme	ent						
Tax Invoice: Department of Mines, Industry Regulation and Safety - ABN 69 410 335 356							
CREDIT CARD PAYMENT DETAILS (Payment will appear as "WA Gov – DMIRS" on your bank statement)							
Card Type Visa Mastercard (Only Visa and Mastercard accepted)							
Card Number							
Card Holder					Please print		
Expiry Date I authorise the Department to deduct the current prescribed fee*							
Signature / Authorisation Date							
Cardholder's contact phone number:							
*Fees are subject to characteristics are subject to characteristics.		^{ach year} ccepted by email to e	nsure pr	ivacy of paym	ent details.		
Lodgement							
	Licensing Services						
Post	Department of Mines, Industry Regulation and Safety						
	Locked Bag EAST PERT						
	Department of Mines, Industry Regulation and Safety						
In person	Level 1, Mason Bird Building 303 Sevenoaks Street, Cannington						
	8.30am - 4.30pm, Monday to Friday.						
OFFICE USE ONLY							
Licence Number		Cashie	ring Code:	WL	✓		
Entered		Replacement Registration		Replacement			
Audited		TOTAL FEE		\$			