



Lodgement Number

Application 100

Registration of Plant Design or Alteration to Plant Design

Regulations 4.3 or 4.12 of the Occupational Safety and Health Regulations 1996

WorkSafe Western Australia

1 APPLICATION FOR REGISTRATION

To be completed in conjunction with explanatory notes

1.1 Original Design: Regulation 4.3

1.2 Alteration to Design: Regulation 4.12

Registration No:

State

2 PLANT DETAILS

2.1 Kind of Plant

2.2 Design Standard

2.3 Plant Type

2.4 Plant Description

3 APPLICANT DETAILS

3.1 Name

3.2 ACN

3.3 Address

Suburb

State

Post Code

3.4 Contact name

Tel

Fax

Email

3.5 I, representing the Designer , Owner , Manufacturer , Importer , Supplier , of the plant described in SECTION 2.1 submit this application for registration of the plant design or alteration to design described herein. I declare that the information contained in this application is true and correct to the best of my knowledge and belief.

Print Name

Signature

Date

4 DESIGNER DETAILS

4.1 Name

4.2 ACN

4.3 Address

Suburb

State

Post Code

5 DESIGNER STATEMENT

5.1 Name

5.2 ACN

5.3 Address

Suburb

State

Post Code

5.4 Contact name

Tel

Fax

Email

5.5 The person who carried out the duties under Regulation 4.23 of the person who designed or altered the design of the plant must sign this designer statement.

If the person who designed or altered the design of the plant described in SECTION 2.1 is not in the jurisdiction of Western Australia then the manufacturer, or if the manufacturer is also not in the jurisdiction of Western Australia, then the importer of the plant into Western Australia shall carryout the designer's duties under Regulation 4.23.

I, the Designer , Manufacturer , Importer responsible for carrying out the duties of the designer for the plant design or alteration to the design described in SECTION 2.1 state that the answers I have provided are true and correct and that I have complied with the duties that a person who designs plant has under Regulation 4.23 of the Occupational Safety and Health Regulations 1996.

Print Name

Signature

Date

Office use only

Initial

Date

COM

OK

Pre check

To issue



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6 REPRESENTATIONAL DRAWINGS OF THE PLANT DESIGN OR DESIGN ALTERATION

No.	Rev.	No.	Rev.	No.	Rev.
No.	Rev.	No.	Rev.	No.	Rev.

7 DESIGN VERIFIER DETAILS

7.1 Given names		Surname			
7.2 Qualification (s)					
7.3 Business Address					
Suburb		State		Post Code	
Tel		Fax		Email	
7.4 Employer (Legal entity name)				ACN	
7.5 Is the employer of the design verifier also the employer of the designer: YES <input type="checkbox"/> NO <input type="checkbox"/>					
7.6 How many design verifiers involved in the design verifying process [] Attach details (7.1 to 7.5) for each additional design verifier.					

8 DESIGN VERIFIER STATEMENT

- 1) The design or design alteration of the plant described in SECTION 2.1 complies with each relevant Standard set out in Schedule 4.3, specifically those Standards set out in SECTION 2.2, without exclusion of any relevant design requirement of each Standard: YES NO
- 2) The design or design alteration of the kind of plant described in SECTION 2.1 is for pressure equipment: YES (if YES go to 3) NO (If NO sign below)
- 3) Verification of the pressure equipment design has been carried out in accordance with AS3920.1: YES NO

I, the verifier of the design or design alteration for the kind of plant described in SECTION 2.1, state that the answers I have provided are true and correct and that the plant design or design alteration described in the drawings set out in SECTION 6 complies with the requirements of the Standards set out in Schedule 4.3 of the Occupational Safety and Health Regulations 1996, specifically those Standards set out in SECTION 2.2. I state that in providing this design verifier's statement that, when carrying out the duties of the design verifier, I have not had any involvement in the design or design alteration of the plant described in SECTION 2.1.

Print Name	8.1 Signature	Date
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9 ADDITIONAL DESIGN DETAILS

1)	2)
3)	4)
5)	6)

Method of Payment

The fee for this application is specified in the Occupational Safety & Health Regulations 1996, Schedule 6.2 and is exempt from GST. Cheques to be made payable to WorkSafe Western Australia.

Please choose one of the following options for payment: Cash Cheque [Cheque No

Please charge payment of this application to my: Bankcard Mastercard Visa

Card number Expiry date /

Name of card holder Signature

Payment details (Tax invoice: Department of Mines, Industry Regulation and Safety ABN 69 410 335 356)

You can submit this completed application form for Registration or Re-registration of an Item of Plant in one of two ways:

- **In person:** WorkSafe WA, Business Service Centre, Level 1, Mason Bird Building, 303 Sevenoaks Street, Cannington WA 6107
- **By Mail:** WorkSafe Business Service Centre, Locked bag 100, East Perth WA 6892

Further Information: WorkSafe Business Service Centre, Phone: 1300 307 877, Web: www.dmirs.wa.gov.au/worksafe, Email: wsplant@dmirs.wa.gov.au