



Form 202 Notification of changes to information

Regulation 282(3) Work Health and Safety (General) Regulations 2022

Use this form to notify Department of Mines, Industry Regulation and Safety of certain changes to registered plant:

- The registration holder no longer has management or control of an item of plant. This includes sale/transfer of ownership of an item or disposal/withdrawal of an item of plant;
- Relocation of fixed plant; or
- Alteration to plant that requires new control measures.

1. **Type of change** – please select the type of change. Then complete the relevant sections, as indicated.

<input type="checkbox"/> Change in management or control	Section 2, Section 3, Section 6 only
<input type="checkbox"/> Relocation of plant (fixed plant only)	Section 2, Section 3, Section 5 only
<input type="checkbox"/> Alteration (an alteration to an extent that requires new control measures)	Section 2, Section 3, Section 4 only

2. Details of the registration holder

(The registration holder is the individual or body corporate named on the plant registration document or authorisation.)

Is the 'person' in management or control of the plant an individual or a body corporate? The person in management or control of the plant is the individual or body corporate who holds the current authorisation for the plant registration.

Complete either section 2.1 for individual or 2.2 for body corporate

2.1 <input type="checkbox"/> Individual		2.2 <input type="checkbox"/> Body corporate / company	
First name		Name of body corporate/ company	
Surname		Contact person	
Business name (t/as) if applicable		Business name (t/as) if applicable	
ABN		ACN	
Address		Registered address	
Email		Email	
Phone		Phone	

3. Details of the item of plant

Plant type:	Boiler <input type="checkbox"/>	Lift/escalator/moving walk <input type="checkbox"/>	Concrete placing booms <input type="checkbox"/>	Pressure vessel <input type="checkbox"/>
	Mobile crane <input type="checkbox"/>	Building maintenance unit <input type="checkbox"/>	Tower crane <input type="checkbox"/>	Amusement device <input type="checkbox"/>
Plant registration no:				
Serial no:				
Manufacturer:				
Description:				



4. Alteration. (Attach the alteration to design registration document for the item of plant listed in section 3)

Provide design registration number	
List alteration changes	

5. Relocation (For fixed plant-only) The registered plant has been relocated from the current registered location to:

Date of relocation:					
Location and/or name of building:					
Street address:					
Suburb:		State:		Postcode:	

6. Registration holder no longer in management or control of plant

Reason for change:	Transfer of ownership <input type="checkbox"/>	Plant disposed of/withdrawn from use <input type="checkbox"/>
Date of transfer or plant disposal:		
For transfer of ownership ONLY: Please provide contact information for the new owner/person in management or control		
Name of body corporate, company or individual		ABN/ACN
Contact person:		Position:
Address/Registered Address:		Email address:
Phone number:		Mobile number:

Declaration

False and misleading information

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.

I _____
(Full name of individual registration holder /or authorised representative of a body corporate registration holder)

Declare that the information in this notification of changes to information is correct to the best of my knowledge and belief. I know that it is an offence to knowingly give information that is false or misleading.

Signature of registration holder

Date

Lodgement

By Email:
whsplantdesign@dmirs.wa.gov.au

PLANT TEAM USE ONLY

	Initial	Date	COM	OK
Pre check				
To issue				