



Form 203

Application for a

Replacement registration document

Regulation 288(2) Work Health and Safety (General) Regulations 2022

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

Name of body corporate/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 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 / Director of a body corporate registration holder)

1. Declare that the information provided in this application is true and correct. I confirm the accuracy of the description of the circumstances in which the original registration was lost, stolen or destroyed; and
2. 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 _____

Method of payment

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 change on 1 July of each year

Applications cannot be accepted by email to ensure privacy of payment details.

Lodgement

Post	Licensing Services Department of Mines, Industry Regulation and Safety Locked Bag 100 EAST PERTH WA 6892
In person	Department of Mines, Industry Regulation and Safety Level 1, Mason Bird Building 303 Sevenoaks Street, Cannington 8.30am - 4.30pm, Monday to Friday.

OFFICE USE ONLY

Licence Number		Cashiering Code: WL		✓
Entered		Replacement Registration	Replacement	
Audited		TOTAL FEE	\$	