**SEPTEMBER 2022**

Amendment of design registration

About this form

This form is to be used to apply to the Regulator for an amendment to a design registration granted under section 187 of the Work Health and Safety (Mines and Petroleum Sites) Regulation 2022 (the Regulation), or to notify the Regulator of a change of information as required under clause 282 of the Work Health and Safety Regulation 2017.

The registration of an alteration of a design of plant must be made on the applicable plant design registration form available on our website.

1. Type of registration

Select the type of design below:

|  |  |  |
| --- | --- | --- |
| Type of design: | [ ]  Diesel engine systems | [ ]  Shotfiring apparatus |
| [ ]  Booster fans | [ ]  Detonators |
| [ ]  Braking systems on plant used in underground transport | [ ]  Explosive-powered tools |
| [ ]  Canopies on continuous miners | [ ]  Conveyor belting |
| [ ]  Gas monitors | [ ]  Winding systems (other than person-riding hoists) |
| [ ]  Breathing apparatus |  |
| Are you the registration holder? | [ ]  Yes [ ]  No | Existing registration number: |       |

# Type of amendment

|  |  |
| --- | --- |
| Type of amendment or change of information | [ ]  Amendment to registration holders’ details. E.g. name, contact details, address of the licence holder, ABN or registered business name* **Complete Sections 3, 6 & 7**
 |
| [ ]  Amendment to a condition placed on the registration* **Complete Sections 3.1, 4.1, 6 & 7**
 |
| [ ]  Amendment to a representational drawing provided with the initial design registration application* **Complete Sections 3.1, 4.2, 6 & 7**
 |
| [ ]  Amendment to other documentation provided with the initial design registration application* **Complete Sections 3.1, 4.3, 6 & 7**
 |
| [ ]  Other. E.g. other change not listed above or minor corrections* **Complete Sections 3.1, 5, 6 & 7**
 |

# Amendment to registration holder’s details

Detail changes below where applicable:

* 1. Body corporate

Registered name

|  |
| --- |
|       |

| **ACN** |   |   |   |   |   |   |   |   |   |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

Registered business (trading) name, if applicable. If the organisation is a trustee for a trust, include the name of the trust. Attach a certificate or other written evidence of the registration of the business name to the application.

|  |
| --- |
|       |

| **ABN** |   |   |   |   |   |   |   |   |   |   |   |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

## Individual or contact person for body corporate

|  |  |
| --- | --- |
| First name |       |
| Other given name/s |       |
| Last name |       |
| Salutation |       |
| Email address\* |       |
| Daytime contact telephone number (contact will primarily be via email) |       |
| Mobile number |       |

\* The primary means of correspondence will be via email. A general email address is preferred so that through organisational changes in your company the department can maintain contact.

## Street address (must NOT be a PO Box)

Body corporate to provide their registered business address. Individuals to provide their residential address.

|  |  |
| --- | --- |
| Unit/Street/Property |       |
| Street name |       |
| Suburb |       |
| State |       |
| Postcode |       |
| Country (if other than Australia) |       |

### Postal address

[ ]  Same as the street address above

|  |  |
| --- | --- |
| Unit/street/property |       |
| Street name |       |
| Suburb |       |
| State |       |
| Postcode |       |
| Country (if other than Australia) |       |

# Amendment to registration document

## Condition placed on a registration

|  |  |
| --- | --- |
| Condition number: |       |
| Amendment requested: |       |

## Representational drawings

Does the amendment of the representation drawing result in, or is it the result of, an alteration to the plant design?

[ ]  No (continue with this form) [ ]  Yes (refer to the relevant new design application form)

**Note:** If there has been a change to the representational drawing, a report signed by the designer and design verifier must be provided. The report must detail how the amendment to the design registration does not affect health and safety.

Details of representation drawing to be amended:

|  |  |
| --- | --- |
| Title of representative drawing |       |
| Drawing number (ensure the drawing number is identical to that on the representational drawing) |       |
| Revision number |       |

Details of new representation drawing to be listed on the registration document:

|  |  |
| --- | --- |
| Title of representative drawing |       |
| Drawing number (ensure the drawing number is identical to that on the representational drawing) |       |
| Revision number |       |

## Other documents

Details of changes to other documents that were submitted with the initial design registration application.

|  |  |  |  |
| --- | --- | --- | --- |
| Document No | Issue | Date | Title |
|       |       |       |       |
|       |       |       |       |

Clearly detail the changes made to the above document/s including any change in document title or revision number.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Document No | Issue | Date | Title | DETAIL OF CHANGE  |
|       |       |       |       |       |
|       |       |       |       |       |

# Other amendments or supporting information

Clearly describe the amendment you are seeking or any further information that may support your application for amendment.

|  |
| --- |
|       |

# Additional documents supporting this application

If you require more space to list supporting documents, please insert additional rows in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| Document No | Issue | Date | Title |
|       |       |       |       |
|       |       |       |       |

# Applicant’s declaration

I declare that:

* an equivalent registration granted by a corresponding regulator under a corresponding work health and safety law is not held; and
* the information supplied in this application is true and correct to the best of my knowledge; and
* none of the information supplied by me in this application or any documents attached or submitted in support of this application is false or misleading; and
* in making this application, I have not failed to provide material information relating to the matters addressed above; and
* I consent to the department making enquiries and exchanging information with SafeWork NSW and other work health and safety regulators in other states regarding any matter relevant to this application.

|  |  |
| --- | --- |
| Name |       |
| Signature |  |
| Date |       |

Note: Giving false or misleading information is a serious offence under section 268 of the *Work Health and Safety Act 2011*, and Part 5A of the *Crimes Act 1900.*

# Submitting the form

Email this form and all accompanying documentation to the Mining Authorisation Team of Department of Regional NSW - Resources Regulator at:

* Email: mca@regional.nsw.gov.au

**Please note:** applications can only be accepted by email.

If you have any queries or need assistance submitting your supporting documentation, please contact the Resources Regulator on 1300 814 609 or at mca@regional.nsw.gov.au

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