

COOLING TOWER OR WARM WATER STORAGE SYSTEM NEW REGISTRATION APPLICATION

PURPOSE

This form is to be used to apply for a registration under the *Public Health Act 1997* (the Act).
You can access the Act and its regulation at www.legislation.act.gov.au.

PRIVACY

The collection of personal information is required by this form for the purposes of issuing a registration under the Act. The Health Protection Service (HPS) prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (Commonwealth).

HEALTH PROTECTION SERVICE CONTACT INFORMATION

Trading Hours: 9.00am – 4.30pm Monday to Friday

Website:

www.health.act.gov.au/hps

General Enquires:

(02) 6205 1700

Email Address:

hps@act.gov.au

Fax Number:

(02) 6205 1705

INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

The registration is issued to the person(s) who will have the overall responsibility for the maintenance and day to day running of the system and who would be the first point of contact in the event of a disease outbreak or emergency. The registered person(s) will also be responsible for any contraventions of the Act.

Please note:

- (1) Trusts will not be registered. Companies operating as trustees for a trust will be registered, in the Company name only.
- (2) Applications listing a partnership as the owner will not be accepted. If your business is operated by a partnership, one or more of the individuals in the partnership will need to be listed.
- (3) Parts B and C of this application form must be separately completed for each individual listed as an owner. Extra copies of Parts B and C are available at www.health.act.gov.au/hps or by contacting the HPS office.

- An engineer's risk assessment is required to be completed and submitted with the application.
- Complete this form using a black or blue pen only and return with the required fee (see page 7).
- No fee applies if the owner or manager of the cooling tower or warm water storage system is a charity (evidence of eligibility for fee exemption must be supplied).
- Declaration on page 6 must be signed.

Is the registration to be issued to a Corporation (a Company, Incorporated Association, Government agency or a Registered Charitable Organisation)?

- YES Complete PARTS A, C, D, E and F** of this application. NB: Trusts or Partnerships will not be registered. Companies operating as trustees for a trust will be registered in the Company name only.
- NO Complete PARTS B, C, D, E and F** of this application. Separate details must be completed for each individual listed as an owner.





Confirmation of identity will need to be produced either:

1. In person at the Health Protection Service office; or
2. By submitting certified copies via the post/email/fax to the HPS office.

TRANSLATING AND INTERPRETING SERVICE

A language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

COMPLETED FORMS AND PAYMENT TO BE RETURNED

 <p>In Person: Health Protection Service 25 Mulley Street HOLDER ACT 2611</p>	 <p>By Post: Health Protection Service Locked Bag 5005 WESTON CREEK ACT 2611</p>	 <p>By Fax: (02) 6205 1705 <i>If the application is faxed or emailed, please do not post the original.</i></p>	 <p>By Email: hps@act.gov.au</p>
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CHECKLIST

If applying as an INDIVIDUAL	
<input type="checkbox"/>	Part B completed and signed: Registration details for an individual (one copy for each owner)
<input type="checkbox"/>	Part C complete: Proof of identification (one copy for each owner)
<input type="checkbox"/>	One form of current photographic identification (for each signatory) presented in person at the Health Protection Service OR One form of current photographic identification (for each signatory) sighted and certified by an authorised witness for each signatory.
<input type="checkbox"/>	Part D completed: Particulars of registered system
<input type="checkbox"/>	Part E completed: Building Details
<input type="checkbox"/>	PART F Declaration signed (page 6)
<input type="checkbox"/>	Attached engineer's risk assessment
<input type="checkbox"/>	Attached payment (page 7)
If applying as a COMPANY	
<input type="checkbox"/>	Part A completed and signed: Registration details of a company
<input type="checkbox"/>	Attached current company extract issued by the Australian Securities and Investment Commission (ASIC)
<input type="checkbox"/>	Part C complete: Proof of identification (for company agent)
<input type="checkbox"/>	One form of current photographic identification presented in person at the Health Protection Service OR One form of current photographic identification sighted and certified by an authorised witness for each signatory.
<input type="checkbox"/>	Part D completed: Particulars of registered system
<input type="checkbox"/>	Part E completed: Building Details
<input type="checkbox"/>	PART F Declaration signed (page 6)
<input type="checkbox"/>	Attached engineer's risk assessment
<input type="checkbox"/>	Attached payment (page 7) OR Attached documentation of fee-exempt status

***REGISTRATION IS TO BE ISSUED TO:** Company (complete PART A) Individual (complete PART B)**PART A – REGISTRATION DETAILS FOR A COMPANY (Do NOT complete if you are applying as an individual)**

A copy of the Company's current extract (*issued within the previous 30 days*) from the Australian Securities and Investment Commission (ASIC) **must be attached.**

COMPANY NAME

AUSTRALIAN COMPANY NUMBER (A.C.N.) - Leave blank if an Incorporated Association, Government agency or a Registered Charitable Organisation

PART B – REGISTRATION DETAILS FOR AN INDIVIDUAL (Do NOT complete if you are applying as a company)

Note for Multiple Owners: (for example partnerships) Copies of Part B are available at www.health.act.gov.au/hps or by contacting the HPS.

TITLE (Mr, Ms)**GIVEN NAMES****FAMILY NAME****PART C - APPLICANT ADDRESS (If applying as a company the registered company address must be provided)**

(Property Name, Unit, Flat Number, Street Number, Street Name)

CITY / SUBURB / TOWN**STATE / TERRITORY****POSTCODE****PART C - APPLICANT POSTAL ADDRESS (If different to above applicant address)****CITY / SUBURB / TOWN****STATE / TERRITORY****POSTCODE****BUSINESS HOURS PHONE NUMBER****MOBILE NUMBER****FAX NUMBER****EMAIL ADDRESS****DECLARATION**

I, _____, confirm that the information supplied on this page is true and accurate and understand that the provision of false or misleading information is an offence.

Signature : _____
(For Companies - Signature of authorised agent only)

Position Title (Companies): _____

Date: / /

PART C – PROOF OF IDENTIFICATION (must be completed for a company (by the registered agent) and individual applicant)

One form of current photographic identification sighted and certified by an authorised witness must be provided for each signatory in Parts A or B.

A list of authorised witnesses for true and correct copy can be found at:

<http://www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx>

The witness should include the following text on a certified copy:

EXAMPLE**CERTIFIED TRUE COPY OF THE ORIGINAL**

I certify that this is a true and accurate copy of the original document sighted by me.

Full Name: _____ Signed: _____ Dated: _____ Authority to sign: _____ Phone: _____

ACCEPTABLE FORMS OF PHOTOGRAPHIC IDENTIFICATION – Examples below

Driver's licence

Proof of age or identity card issued by a State/Territory

Passport

FORMS OF IDENTIFICATION PROVIDED

Type	Number	Expiry Date	Certified Copy Attached
			<input type="checkbox"/>
			<input type="checkbox"/>

Note for Multiple Owners: (for example partnerships) Copies of Part C are available at www.health.act.gov.au/hps or by contacting the HPS.

PART D – PARTICULARS OF REGISTERED SYSTEM

Does a Commonwealth Agency own the Cooling Tower or Warm Water Storage System? Yes No

Has an engineer's risk assessment been attached to this application? Yes No

Date of Current risk assessment: ___/___/___

BUILDING AND ADDRESS WHERE SYSTEM IS LOCATED		
BUILDING NAME:		
STREET/BUILDING NUMBER:		
SUBURB:	STATE:	POSTCODE:
SYSTEM DETAILS		
NAME OF MANUFACTURER:		
MODEL NUMBER:	SERIAL NUMBER:	
PHYSICAL LOCATION OF SYSTEM		
PRECISE LOCATION OF THE SYSTEM WITHIN THE BUILDING? (e.g. Roof top, plant room level 3, etc)		

SYSTEM CONTACT PERSON (person to contact if a problem occurs)		
GIVEN NAME:		FAMILY NAME:
PHONE:	MOBILE:	FAX:
EMAIL:		

Are the details of the system owner the same as the registered person(s) reflected in PART A or B?

Yes No *If No please complete below information.*

SYSTEM OWNER – Company or individual		
NAME:		
ADDRESS:		
SUBURB:	STATE:	POSTCODE:
PHONE:	MOBILE:	FAX:
EMAIL:		
SYSTEM OWNER POSTAL ADDRESS – If different from above		
ADDRESS:		
SUBURB:	STATE:	POSTCODE:

Are the details of the system manager the same as the system owner?

Yes No *If No please complete below information.*

SYSTEM MANAGER - Company or individual		
NAME:		
ADDRESS:		
SUBURB:	STATE:	POSTCODE:
CONTACT NAME:		
PHONE:	MOBILE:	FAX:
EMAIL:		
SYSTEM MANAGER POSTAL ADDRESS – If different from above		
ADDRESS:		
SUBURB:	STATE:	POSTCODE:

PART E - BUILDING DETAILS

Is the building owner (person/company who owns the premises where the registered system is located) the same as the registered person(s) reflected in Part A or B? Yes No *If No please complete the below information.*

BUILDING OWNER DETAILS – Company or Individual		
NAME:		
ADDRESS:		
SUBURB:	STATE:	POSTCODE:
CONTACT NAME:		
PHONE:	MOBILE:	FAX:
EMAIL:		
BUILDING OWNER POSTAL ADDRESS – If different from above		
ADDRESS:		
SUBURB:	STATE:	POSTCODE:

Is the building manager the same as the building owner (above)?

Yes No *(if No please complete onsite contact details below)*

BUILDING MANAGER DETAILS – Company or Individual		
NAME:		
ADDRESS:		
SUBURB:	STATE:	POSTCODE:
CONTACT NAME:		
PHONE:	MOBILE:	FAX:
EMAIL:		
BUILDING MANAGER POSTAL ADDRESS – If different from above		
ADDRESS:		
SUBURB:	STATE:	POSTCODE:

PART F - DECLARATION

I declare that I am authorised to supply all the information above; that all the information supplied on this form is true and correct; and that there are necessary records and/or documentation to support this registration application.
I understand that failure to submit all required information and documentation may delay my application and that the provision of false or misleading information may be a criminal offence.

NAME: _____ POSITION: _____

SIGNATURE: _____ DATE: _____

PAYMENT

REGISTRATION DURATION

Please tick (✓) your desired duration

- 1 Year (fee \$300)
- 2 Years (fee \$600)
- 3 Years (fee \$900)

Please complete Payment Method below.

PAYMENT METHOD

Please tick (✓)

- Cash
- Cheque (please make payable to the Health Protection Service)
- Credit card (please complete details below)
- Fee exempt application (documentation of fee exemption must be attached)

CREDIT CARD DETAILS - IF PAYING BY CREDIT CARD

- I agree to this credit card being debited the required fee and the credit card details being destroyed once the transaction is processed.

GST is not applicable under section 81-5 of the A New Tax System (Goods and Services Tax) Act 1999.

Card Holder's Name: _____

Card Holder's Signature: _____ Date: ____/____/____

Daytime Phone No: _____

Card Number (Visa or MasterCard only)

Expiry Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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