

DRINKING WATER UTILITY APPLICATION TO VARY LICENCE

PURPOSE

This form is to be used to apply for a variation to a licence under the *Public Health Act 1997* (the Act).
You can access the legislation 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 licence 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

- If you are changing location or licensee details this variation form cannot be used. A Transfer or New Application form must be completed and submitted to the Health Protection Service.
- This application form must be signed by the licensee and the original licence certificate (or a copy) must be attached to this application.
- Complete this form using a black or blue pen only.

TRANSLATING AND INTERPRETING SERVICE

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

COMPLETED FORMS TO BE RETURNED

In Person:

Health Protection Service
Howard Florey Centenary House
25 Mulley Street
HOLDER ACT 2611

By Post:

Health Protection Service
Locked Bag 5005
WESTON CREEK ACT 2611

By Fax:

(02) 6205 1705

By Email:

hps@act.gov.au

REQUIRED INFORMATION <i>(must be completed)</i>		
LICENCE NUMBER:	FILE NUMBER:	EXPIRY DATE:
TRADING NAME: <i>(As appears on current licence/registration certificate)</i>		

PARTICULARS OF BUSINESS VARIATION <i>(Must be completed)</i>		
<i>Please indicate which variation(s) you are applying for and ONLY complete the sections below relevant to your changes.</i>		
<input type="checkbox"/> Trading Name	<input type="checkbox"/> Contact Details	<input type="checkbox"/> Postal Details

VARIATION IN TRADING NAME
NEW TRADING NAME:

CONTACT DETAILS – CONTACT PERSON FOR LICENCE	
FAMILY NAME:	GIVEN NAME:
BUSINESS PHONE:	MOBILE PHONE:
AFTER HOURS PHONE:	FAX:
EMAIL ADDRESS:	

POSTAL DETAILS – BUSINESS CORRESPONDENCE POSTAL ADDRESS		
STREET NUMBER/PO BOX:	STREET NAME:	
SUBURB:	STATE:	POSTCODE:

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 variation 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: _____

OFFICE USE ONLY	
BSS USE	
Trading Name:	<input type="checkbox"/> N/A <input type="checkbox"/> Yes Database updated date: ___/___/___
Contact Details:	<input type="checkbox"/> N/A <input type="checkbox"/> Yes Database updated date: ___/___/___
Postal Details:	<input type="checkbox"/> N/A <input type="checkbox"/> Yes Database updated date: ___/___/___
<input type="checkbox"/> Licence Issued Date: / /	<input type="checkbox"/> File Closed Date: / /
Name of BSS Officer:	Signature: Date: / /