

**APPLICATION FOR REGISTRATION OF PLANT DESIGN -
LIFT, ESCALATOR & MOVING WALKWAY
NEW DESIGN AND ALTERATION OF A DESIGN**

SafeWork SA

Enquiries 1300 365 255
Internet safework.sa.gov.au
Email licensing.safework@sa.gov.au
Post GPO Box 465, Adelaide SA 5001
ABN 50 560 588 327

Work Health and Safety Act 2012 (SA)
Work Health and Safety Regulations 2012 (SA)
Regulation 243 'Plant design to be registered'

For help to complete this form, please refer to the Guide For Applicants - For Plant Design Registration available at www.safework.sa.gov.au

1. FORM INSTRUCTIONS

Technical standards may be used throughout this form to identify individual plant or set plant assessment criteria. Check that the plant design complies with these requirements before submitting this form to the regulator.

2. APPLICATION TYPE

Please tick applicable box:

New Design Alteration

If "Alteration" please specify previous SA Registration or Approval Number:

Please select one of the following:

Person that designs an item of plant:

Please tick one of the following: Designer Manufacturer

Person with management or control of an item of plant at a workplace:

Please tick one of the following: Manufacturer Importer Supplier Owner

3. APPLICANT DETAILS

Please tick if you reside outside of South Australia. Please also attach a supporting letter explaining circumstances to justify the grant of registration (Section 256 of the Work Health and Safety Regulations 2012 SA).

ABN (Australian Business Number)

ACN (Australian Company Number)

Registered name of body corporate

Business registration (trading) name

Name of individual applicant or contact person for body corporate:

Family Name

Given Name(s)

Title

Address Details

Postcode

Postal Address (Please print 'AS ABOVE' if the same as above)

Postcode

Telephone No.

Mobile No.

Email

4. PLANT DESIGN INFORMATION

Name or description of Plant (including Plant type)

Model Number

Month / Year of Design or Alteration

5. REPRESENTATION DRAWING INFORMATION

(See Part 11 Supporting Documentation for more information)

Full Title(s)	Drawing Number(s)	Revision Number(s)

6. LIFT DETAILS

<input type="text"/> Maximum rated load (kg)	<input type="text"/> Car maximum floor area (m2)
<input type="text"/> Maximum travel (m)	<input type="text"/> Maximum number of persons
<input type="text"/> Maximum speed (m/s)	<input type="text"/> Number of levels serviced
<input type="text"/> Number of openings	

Drive Type:

Water Electric Hydraulic Pneumatic

Suspension Type:

Traction Screw Drum Hydraulic Chain

Rack and pinion Other, please specify:

Control Type:

Automatic Non automatic

Lift Motor Control Type:

Single speed AC Two speed AC Variable voltage DC - motor generator

Variable voltage AC Variable frequency Variable voltage DC - static

Other, please specify:

Lift Type:

Private residence Service Special purpose industrial

Passenger Goods People with limited mobility

Stairway Inclined Low rise platform for passengers

7. ESCALATOR OR MOVING WALKWAY DETAILS

<input type="text"/> Rated capacity (persons per hour)	<input type="text"/> Maximum speed (m/s)
<input type="text"/> Maximum travel length (m)	<input type="text"/> Maximum angle of incline (deg.)
<input type="text"/> Maximum width (m)	

8. DESIGNER'S STATEMENT / DECLARATION

Please tick applicable box:

Designer is located overseas: Please include a separate statement, signed and dated from the plant designer and must be submitted with this application form. The statement must be in English or translated into English.
(See Part 11 Supporting Documentation)

The plant designer no longer exist or is unable to provide a signed and dated statement: A letter detailing steps taken to contact the designer and a declaration must be completed by the Importer.
(See Part 11 Supporting Documentation)

8. DESIGNER'S STATEMENT / DECLARATION (cont.)

Business Name

Address Details

Postcode

Telephone

Email

Details of published technical standards used or referenced in the design: The designer cannot claim compliance with a standard unless the design is fully compliant with the standard.

Please tick applicable box:

 I used published technical standards. I used engineering principles in the design: Please attach details to this application form.
(See Part 11 Supporting Documentation).

Full Title(s)

Number(s)

Year of Publication(s)

Date when design was completed

Qualification(s) of Designer

I have complied with the designer's obligations under Section 22 of the Work Health and Safety Act 2012 (SA) in respect to the design of the plant.

Name of Designer

Signature of Designer

Date

9. DETAILS OF DESIGN VERIFIER

ABN (Australian Business Number)

ACN (Australian Company Number)

Registered name of body corporate

Business registration (trading) name

Name of individual applicant or contact person for body corporate:

Family Name

Given Name(s)

Title

Address details

Postcode

Postal Address (Please print 'AS ABOVE' if the same)

Postcode

Telephone No.

Mobile No.

Email

Qualification(s)

10. DESIGN VERIFICATION STATEMENT

Name or description of Plant (including Plant type)

Model Number

Representational Drawings used in this design verification are listed in Part 5 on this form.

Standards and/or engineering principles used in the design

Full Title(s)

Number(s)

Year of Publication(s)

Design verification standards / codes

Full Title(s)

Number(s)

Year of Publication(s)

Design Calculations and/or other Documentation

Document Reference Number(s)

Document Reference Number(s)

Description of Design Alteration (if applicable)

Conditions imposed by Design Verifier (if any - e.g. design criteria, including design life)

Please confirm and tick applicable box:

- I acknowledge drawings (number and revision) listed under **Part 5** were used by me in my design verification.
- I have attached a separate design verification statement containing all the information required.
(See Part 11 Supporting Documentation)
- I declare that I was not involved in the production of this design; and that the design was produced in accordance with the published technical standards and/or engineering principles specified in the designer's statement and the attached documents.
- I am eligible to be a design verifier for the design of the plant. I have documented the process used to verify the design and the results of that process. I have assessed design to the approved codes of practice in South Australia (Work Health and Safety Regulations 2012 (SA) Regulation 739)

Name of Design Verifier

Signature of Design Verifier

Date

11. SUPPORTING DOCUMENTATION

Please tick applicable box and attach relevant supporting documentation:

- Representational drawings information (Part 5)**
 - Must be submitted in the English language, capable of being kept in an electronic form and all information of legible size.
- Designer is located overseas (Part 8)**
 - Must include a statement with *'I have complied with the designer's obligations under Section 22 of the Work Health and Safety Act 2012 (SA) in respect to the design of the plant'*; dated and signed.
 - NOTE: The statement must be in English or translated into English.
- The plant designer no longer exist or is unable to provide a signed and dated statement (Part 8)**
 - A letter detailing steps taken to contact the designer and the following declaration must be completed by the Importer, *'I have complied with the importer's duties under Section 24 of the Work Health and Safety Act 2012 (SA), with consideration to the design of the plant'*.
- Engineering principles used in the design (Part 8)**
 - Must include a summary of hazards identified and the risk control methods to eliminate or minimise the risks as required under the Work Health and Safety Act 2012 (SA).
- Design verification statement (Part 10)**
 - Must contain a description name and model of the plant design, design parameters, drawing number(s), any calculations and assessment to approved codes of practice.
 - The verification must include a review of the designers statement regarding the use of the design standards or engineering principles, the design calculations and any tests carried out to verify the design.

12. DECLARATION

IMPORTANT INFORMATION

- There are serious consequences for providing misleading or false information about any matter relevant to your application.
- If you do not provide all of the information required, your application will be returned to you unprocessed.

I DECLARE:

- I consent to SafeWork SA making enquiries and exchanging information with WHS regulators in other states, territories or the commonwealth regarding any matter relevant to this application.
- I declare that, to the best of my knowledge, the information provided in this application and supporting documentation is true and correct in every particular.
- The design of this item of plant is not currently registered with another jurisdiction operating under WHS legislation or a corresponding WHS law.

Full Name of Applicant

Signature of Applicant

Date

Page left intentionally blank



TAX INVOICE - PAYMENT INFORMATION
APPLICATION FOR REGISTRATION OF PLANT DESIGN -
LIFT, ESCALATOR & MOVING WALKWAY
NEW DESIGN AND ALTERATION OF A DESIGN

Work Health and Safety Act 2012 (SA)
Work Health and Safety Regulations 2012 (SA)
Regulation 243 'Plant design to be registered'

SafeWork SA

Enquiries 1300 365 255
Internet safework.sa.gov.au
Email licensing.safework@sa.gov.au
Post GPO Box 465, Adelaide SA 5001
ABN 50 560 588 327

13. PAYMENT OPTIONS

Applicant Name

[Empty text box for Applicant Name]

APPLICATION FEE DUE: \$145.00 (Fee current to 30 June 2024)

This fee is exempt from GST

APPLY BY EMAIL:

Accepted payment type

1 - VISA or MasterCard
(provide cardholder information below)

NOTE: Once your application has been assessed,
SafeWork SA will contact you for payment.

Send all documents to

licensing.safework@sa.gov.au

(Total file size must be less than 20MB)

APPLY BY POST:

Accepted payment types

1 - VISA or MasterCard
(provide cardholder information below)

2 - Cheque or money order
(made out to SafeWork SA)

Send all documents to

SafeWork SA
Licensing Unit
GPO Box 465
ADELAIDE SA 5001

CARDHOLDER INFORMATION

Name of cardholder (or if business name)

[Empty text box for Name of cardholder]

Signature of Card Holder

[Empty text box for Signature of Card Holder]

Name of person authorised to approve payment
(if different to Card Holder name)

[Empty text box for Name of person authorised to approve payment]

Contact telephone number

[Empty text box for Contact telephone number]

Date

[Empty text box for Date]

Postal or email address for payer (receipts will be sent to this address)

[Empty text box for Postal or email address for payer]

I authorise SafeWork SA to deduct the amount of \$

[Empty text box for amount]

SafeWork SA is unable to accept credit card details via email. Once your application has been assessed, SafeWork SA will
contact you for payment.