

APPLICATION FOR REGISTRATION OF PLANT DESIGN - SafeWork SA **PASSENGER ROPEWAYS**

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'

 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

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. Che plant design complies with these requirements before submitting this form to the regulator.	ieck that the
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 circums the grant of registration (Section 256 of the Work Health and Safety Regulations 2012 SA).	tances to justify
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.	5. REPRESENTATION DRAWING INFORMATION						
	(See Part 10 Supporting Documentation for m	ore	e information)				
	Full Title(s)		Drawing Number(s)		Revision Number	er(s)	
		!]					
		1					
		ĺ					
		j 1					
6.	PASSENGER ROPEWAYS DETAILS						
	Travel distance (m)			Ma	ximum height (m)		
	Ni walan af tawan			N			
	Number of towers			INUI	mber of load/unlo	ad facilities	
	Number of compression tension	າ tov	wers				
7.	DESIGNER'S STATEMENT / DECLARATION						
[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 10 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 10 Supporting Documentation) Business Name						
	Address Details					Postcode	
	Telephone Email						
ſ	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 desig		Please attach details to	o this application form	1.		
٠	(See Part 10 Supporting Documentation).						
	Full Title(s)		Number	(s)	1	Year of Publication(s)	
		—					
	<u> </u>						

7.	DESIGNER'S STATEMENT / DECLARATION (cont.)
	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
8.	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
	Talling Name Olvert Name(s)
	Address details Postcode
	Postal Address (Please print 'AS ABOVE' if the same) Postcode
	Telephone No. Mobile No.
	Email
	Qualification(s)
	Qualification(s)
۵	DESIGN VERIFICATION STATEMENT
Э.	Name or description of Plant (including Plant type) Model Number
	Tvarile of description of Frank (including Frank type)
	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 Public	cation(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 10 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 document	nts.			
Lam eligible to be a design verifier for the design of the plant. Law desumented the process used to verify the design and				
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				
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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

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12. PAYMENT OPTIONS

TAX INVOICE - PAYMENT INFORMATION

APPLICATION FOR REGISTRATION OF PLANT DESIGN - PASSENGER ROPEWAYS

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'

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 Post
 GPO Box 465, Adelaide SA 5001

 ABN
 50 560 588 327

Applicant Name				
APPLICATION FEE DUE: \$145.00	(Fee current to 30 June 2024)			
This fee is exempt from GST				
APPLY BY EMAIL:	APPLY BY POST:			
Accepted payment type	Accepted payment types			
1 - VISA or MasterCard (provide cardholder information below)	1 - VISA or MasterCard (provide cardholder information below)			
NOTE: Once your application has been assessed, SafeWork SA will contact you for payment.	2 - Cheque or money order (made out to SafeWork SA)			
Send all documents to licensing.safework@sa.gov.au	Send all documents to SafeWork SA			
(Total file size must be less than 20MB)	Licensing Unit GPO Box 465 ADELAIDE SA 5001			
Name of cardholder (or if business name) Name of person authorised to approve payment (if different to Card Holder name) Postal or email address for payer (receipts will be see	Contact telephone number Date ent to this address)			
I authorise SafeWork SA to deduct the amount of \$ SafeWork SA is unable to accept credit card details via email. Once your application has been assessed, SafeWork SA will contact you for payment.				
contact you for payment.				