

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 owner of the business, who is the person(s) who will have the overall responsibility for the business, including responsibility for any contraventions of the Act.

Accordingly:

- (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.

- **Ownership details must reflect the company or individual responsible 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.**
 - An engineer's risk assessment is required to be completed and submitted with application.
 - Complete this form using a black or blue pen only and return with the **Fee of \$278**
- Information on Fee Exempt categories is provided on page 8 (evidence of eligibility for fee exemption must be supplied)**

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 and E** 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 and E** 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 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

CHECKLIST**If applying as an INDIVIDUAL**

<input type="checkbox"/>	Part B completed and signed: Ownership 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"/>	Declaration signed (page 6)
<input type="checkbox"/>	Attached engineer's risk assessment
<input type="checkbox"/>	Attached payment (page 7)

If applying as a CORPORATION

<input type="checkbox"/>	Part A completed and signed: Ownership 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"/>	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 (see page 8)

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

TITLE (Mr, Ms)	GIVEN NAMES	FAMILY NAME	
PROPRIETOR RESIDENTIAL ADDRESS (Property Name, Unit, Flat Number, Street Number, Street Name)			
CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE	
POSTAL ADDRESS (If different to above address)			
CITY/ SUBURB/ TOWN	STATE / TERRITORY	POSTCODE	
HOME TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER		
()			
WORK TELEPHONE NUMBER	EMAIL ADDRESS		
()			
AUSTRALIAN BUSINESS NUMBER (A.B.N.) (If applicable)			

DECLARATION SIGNATURE
<p>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.</p> <p>Signature: _____</p> <p>Date: / /</p> <p>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.</p>

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 SYSTEMDoes a Commonwealth Agency own the Cooling Tower or Warm Water Storage System? Yes NoHas an engineer's risk assessment been attached to this application? Yes No

Date of Current risk assessment: ___/___/___

REGISTERED SYSTEM DETAILS – Details of Cooling Tower or Warm Water Storage System (Registered System)

NAME OF MANUFACTURER:

MODEL NUMBER:

SERIAL NUMBER:

PHYSICAL LOCATION OF REGISTERED SYSTEM

PRECISE LOCATION OF THE SYSTEM WITHIN THE BUILDING? (e.g. Roof top, plant room level 3, etc)

BUILDING AND ADDRESS WHERE REGISTERED SYSTEM IS LOCATED

BUILDING NAME:

STREET/BUILDING NUMBER:

STREET NAME:

SUBURB:

STATE:

POSTCODE:

Is the registered system contact person (person to contact if a problem occurs with registered system) the same as the registered system owner reflected in Part A or B? Yes No *If No please complete below information.***REGISTERED SYSTEM CONTACT PERSON – Name of Person**

GIVEN NAME:

FAMILY NAME:

PHONE:

MOBILE:

FAX:

EMAIL:

PART E - BUILDING DETAILSIs the building owner (person/company who owns the premises where the registered system is located) the same as the system owner reflected in Part A or B Yes No *If No please complete the below information.***BUILDING OWNER DETAILS**

NAME OF INDIVIDUAL/COMPANY WHO OWNS BUILDING:

PHONE:

MOBILE:

FAX:

EMAIL:

Is the onsite building contact the same as the registered system contact (above)? Yes No
(if No please complete onsite contact details below)**ONSITE BUILDING CONTACT:**

GIVEN NAME:

FAMILY NAME:

PHONE:

MOBILE:

AFTER HOURS NUMBER:

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 licence 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: _____




CREDIT CARD DECLARATION - IF PAYING BY CREDIT CARD I agree to the credit card (details provided overleaf) being debited the required fee and credit card details destroyed immediately once the transaction is processed.

SIGNATURE: _____

DATE: _____

PAYMENT

How to Pay

 <p>Fax: 6205 1705 MasterCard / Visa accepted (Not accepted where plans are involved)</p>	 <p>By Mail: Health Protection Service Locked Bag 5005 Weston Creek ACT 2611.</p>
 <p>In Person: Health Protection Service 25 Mulley Street Holder ACT 2611</p>	<p>Please Note:</p> <ol style="list-style-type: none"> 1. All paperwork must be completed and signed. 2. Where plans are involved, the originals must be received prior to the granting of your licence/registration certificate. 3. Applications sent by fax should NOT also be mailed.

Payment Method

Please Tick (✓) Cash Cheque Credit Card

Note: Cheque should be made payable to the Health Protection Service.

Contact Person: _____

Type of Credit Card - Please Tick (✓) Visa Master Card

Credit Card No Expiry Date

/

Fee \$278

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

I agree that the Health Protection Service debit my account the above fee.

Card Holder's Name: _____

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

Daytime Phone No: _____

FEE EXEMPT CATEGORIES

Fee-exempt food businesses

A fee is not payable by a food business that supplies food in the course of providing services to people:

- i. *in a correctional centre under the Corrections Management Act 2007;*
- ii. *in a detention place or therapeutic protection place under the Children and Young People Act 2008;*
- iii. *at a hospice, hospital, nursing home or other health facility operated by or on behalf of the Territory;*
- iv. *in a health care facility licensed under the Public Health Act 1997;*
- v. *at a pre-school, primary school, high school or secondary college (“**educational place**”) from a canteen operated either by the educational place or by the parents and citizens association of the educational place;*
- vi. *in a childcare centre licensed as a childcare service under the Children and Young People Act 2008;*
- vii. *in a childcare centre that holds a current service approval under the Education and Care Services National Law (ACT) Act 2011;*
- viii. *by a charitable organisation that is a charity endorsed under subdivision 50-B of the Income Tax Assessment Act 1997 (Cwlth);*
- ix. *by a crisis accommodation provider declared under the Residential Tenancies Act 1997; or*
- x. *by a community organisation, as defined in this section, that is not a charity under subdivision 50-B of the Income Tax Assessment Act 1997 (Cwlth).*

A fee is also not payable by a registered training organisation whose purpose is the provision or offering of courses that involve the handling of food intended for sale or the sale of food (eg. a hospitality school).

A **community organisation** for this section means a society, association or other body, whether incorporated or not under the *Associations Incorporations Act 1991*, that is not carried on for the pecuniary profit or gain of its members and that is engaged in the ACT in any of the following activities:

- (a) *providing assistance in connection with the social welfare needs of the community;*
- (b) *the carrying out of projects, or the provision of services, for the benefit of the community or a section of the community;*
- (c) *the promotion of, the provision of facilities for, or the encouragement of participation in, any sport, recreational pursuit or hobby;*
- (d) *the promotion, or the encouragement of the practice, appreciation, understanding or enjoyment, of any of the arts;*
- (e) *conducting conventions, jamborees and other events that are designed to attract participants to the ACT from places outside the ACT;*
- (f) *the study of, research into, or the fostering of interest in, history or matters of historic significance; or*
- (g) *the preservation or protection of the national estate or the restoration, reconstruction or adaptation of the national estate for conservation purposes.*

Public Health Act

Cooling Tower or Warm Water System – Nil fee applies to:

Owner or manager of the cooling tower or warm water storage system to which the registration relates that is a charity

Infection Control – Nil fee applies to:

Owner of the licensed premises to which the application for licence relates who is a charity

Medicines and Poisons – Nil fee applies to:

Opioid dependency treatment licence