

# Application for Exemption or Variation of Exemption



## How to Lodge this Application

### METHOD OF APPLICATION

Use this form to apply for exemption from a designated provision of the Rail Safety National Law in respect of specified railway operations carried out, or proposed to be carried out, by or on behalf the rail transport operator pursuant to section 205 of the Rail Safety National Law.

The application may be submitted to the Regulator:

- electronically via email
- hard copy (via post or by hand delivery)

Applicants will be invoiced on receipt of this application.

Payment should be made via Electronic Funds Transfer (EFT) as outlined on your invoice.

Please include the invoice number as the payment reference.

Application fees are set out in Schedule 3 of the Rail Safety National Regulations.

### SUPPORTING MATERIAL

Appropriately referenced supporting material may be submitted by prior arrangement with the Office of the National Rail Safety Regulator via email.

### APPLICATIONS FOR VARIATION TO AN EXISTING EXEMPTION

Applications for variation to an existing exemption may be lodged electronically or in hard copy using this form. Documentation supporting the application must accompany the application where applicable.

**Office of the National Rail Safety Regulator**  
Level 1, 75 Hindmarsh Square, Adelaide SA 5000

Postal address:  
PO Box 3461, Rundle Mall, Adelaide SA 5000

P: 08 8406 1500  
F: 08 8406 1501  
E: [operations@onrsr.com.au](mailto:operations@onrsr.com.au)  
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## To complete this form

- This is an electronic form in Microsoft Word – you will need to complete it electronically.
- Responses to questions can be made either:
  - \* in text boxes that look like this  - type your answer in the box and it will expand as you add information
  - \* in check boxes that look like this  - click in the box that indicates your answer and the check box will be marked like this

## 1. INFORMATION ABOUT THE APPLICATION

1.1 Indicate whether you are seeking a new exemption or variation of an existing exemption:

- new exemption – go to 1.2*
- variation to existing exemption – go to 1.3*

1.2 New exemption

What type of exemption are you seeking?

- exemption from accreditation as a rail transport operator*
- exemption from registration*
- exemption from specific provisions of the Rail Safety National Law – see below*

Please indicate below which specific provisions of the Rail Safety National Law you are seeking exemption for:

- security management plan*
- emergency management plan*
- health and fitness management program*
- drug and alcohol management program*
- fatigue risk management program*

1.3 Variation to existing exemption

Please provide below details of the nature and scope of the variation you are seeking:

1.4 Please provide details of the location(s) which the exemption or variation to exemption is being applied for

Suburb/town	Latitude	Longitude	Not known
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

## 2. NATURE AND SCOPE OF THE RAILWAY OPERATIONS

2.1 Indicate the scope of the railway operations in relation to which the exemption is being sought:

### Infrastructure railway operations

- construction*
- management*
- commissioning*
- maintenance*
- repair*
- modification*
- installation*
- operation*
- decommissioning*

### Rolling stock railway operations

- construction*
- commissioning*
- maintenance*
- repair*
- modification*
- decommissioning*
- operation or movement of rolling stock by any means on a railway*

## 3. APPLICANT DETAILS

3.1 Name and contact details

**Registered company/business name**

**Trading name**

  
 *same as above*

**Registered company/business address**

Street number and name

City/suburb

State

Postcode

**Postal address**

  
 *same as above*

Street name and number /  
PO Box or locked bag  
number

City/suburb

State

Postcode

**Phone**

**Fax**

**ACN**

9 digit number – no spaces between the digits

**ABN**

11 digit number – no spaces between the digits

### 3.2 Details of the application key contact representative

**Name**

**Position**

**Phone**

**Fax**

**Email**

### 3.3 Applicant entity type

Please note – this section is for **new exemptions** only.

If the applicant is not an individual, please provide evidence that the application has been submitted and endorsed by the appropriate persons. Indicate the entity type and attach evidence as applicable:

*individual* → go to section 4.

*body corporate* → Provide evidence that:

- it is a company within the meaning of section 127 of the *Corporations Act 2001*; OR
- in any other case, that the application has been submitted and endorsed by its governing body.

*partnership* → Provide evidence that:

- the application has been submitted and endorsed by each partner.

*Unincorporated association or body* → Provide evidence that:

- the application has been submitted and endorsed by governing body.

*Applicants may use section 9 to gain additional endorsements as required, and this would provide sufficient evidence.*

## 4. ACTIVITIES CARRIED OUT BY ANOTHER PERSON

4.1 Are any of the activities you intend to carry out in respect of which the exemption is sought to be carried out by another person on your behalf?

*yes* – please go to **4.2**

*no* – please go to **5**

4.2 Please provide details of each person who will carry out activities related to the exemption on your behalf:

<b>Person 1</b>	
<b>Name</b>	
<b>Position</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Email</b>	
<b>Person 2</b>	
<b>Name</b>	
<b>Position</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Email</b>	
<b>Person 3</b>	
<b>Name</b>	
<b>Position</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Email</b>	

4.3 Please describe the activities related to the exemption that each person listed above will carry out on your behalf:

<b>Name</b>	<b>Activities they will carry out on your behalf</b>

## 5. SCHEME FOR MANAGEMENT OF RISKS TO SAFETY

### 5.1 New exemption

Please attach a copy of your scheme for the management of risks to safety.

### 5.2 Variation to existing exemption

Please provide details of the changes that will be made to your scheme for the management of risks to safety if the variation occurs

## 6. INSURANCE AND FINANCIAL CAPACITY

Please note – this section is for **new exemptions** only.

### 6.1 Details of third party property insurance

**Insurer**

**Policy Value**

\$

**Excess**

\$

**Policy number**

### 6.2 Details of public liability insurance

**Insurer**

**Policy Value**

\$

**Excess**

\$

**Policy number**

Are copies of insurance policies or certificate of currency attached?

- yes*
- no - please provide details of how and when this will be supplied*

### 6.3 Audited accounts

Are copies of the company's audited accounts for the past financial year attached?

- yes*
- no - please provide details of how and when this will be supplied*

(please note: Audited accounts are not required if insurance policy information is attached under 6.2)

## 7. CONSULTATION

Please note – this section is for **variation to an existing exemption** only.

- 7.1 Please provide a description of the consultation undertaken in relation to the proposed variation:  
(If you prefer you can provide this information in a separate document attached to the application.)

Who was consulted?	When and how did consultation occur?	Results of the consultation

## 8. APPLICANT DECLARATION

- 8.1 Supporting documentation and fee

Supporting documentation required by the above sections of this application form has been submitted with the application

- yes  
 no – please provide details of how and when this will be supplied

The fee for an Application for Exemption or Application for Variation is provided with this application

- yes  
 no  
 not applicable

- 8.2 By submitting this application I declare that:

- the applicant is the rail transport operator
- all information provided in relation to this application for exemption is complete and correct.

**Signature of applicant**

**Name of applicant**

**Date**

## 9. SUPPLEMENTARY: EXEMPTION OR VARIATION OF EXEMPTION APPLICANT DECLARATIONS

This additional sheet may be provided to applications where additional persons are required to sign the application.

Name of applicant organisation

[Redacted]

**The signatories below make the Declarations as stated on the application lodged by the above date:**

**Name of signatory**

[Redacted]

**Position**

[Redacted]

**Signature**

[Redacted]

**Date**

[Redacted]

**The signatories below make the Declarations as stated on the application lodged by the above date:**

**Name of signatory**

[Redacted]

**Position**

[Redacted]

**Signature**

[Redacted]

**Date**

[Redacted]

**The signatories below make the Declarations as stated on the application lodged by the above date:**

**Name of signatory**

[Redacted]

**Position**

[Redacted]

**Signature**

[Redacted]

**Date**

[Redacted]