**November 2021**

# Change of information

## About this form

This form is to be used to apply for a change of information that was previously given in an application for a licence under [Part 9](https://www.legislation.nsw.gov.au/#/view/regulation/2014/799/part9) of the *Work Health and Safety (Mines and Petroleum Sites) Regulation 2014* (the Regulation).

**Note:** if there has been a change of ACN or the name of the legal entity then do not continue with this form. Complete a new application form.

1. Type of licence application

Tick which applies:

|  |  |  |  |
| --- | --- | --- | --- |
| Type of application | Overhauling, repairing or modifying activities that may affect the explosion-protected properties of explosion-protected plant (**Electrical**) | | |
| Overhauling, repairing or modifying activities that may affect the explosion-protected properties of explosion-protected plant (**Mechanical**) | | |
| Repairing of flexible reeling, feeder or trailing cables for use in a hazardous zone | | |
| Undertaking a polymeric process | | |
| Sampling or analysing airborne dust | | |
| Sampling or analysing of diesel engine system exhaust | | |
| Existing licence number |  | Existing licence expiry date |  |

1. Type of change

|  |  |
| --- | --- |
| Type of change | Change of details for the body corporate or applicant. E.g. name, contact details, address of the licence holder, ABN or registered business name   * **Complete Section 3, 9, 10**   **Note:** If there has been a change in the registered business name or address of the repair facility then this change **must** be communicated to the relevant certifying body/s. |
| Change in details of quality systems certification. E.g. certifying body, certificate number/revision, standard, scope   * **Complete Section 3.1, 4, 9, 10** |
| Change in details of explosion protection certification (Electrical). E.g. scheme, certifying body, certificate number/revision, standard, scope or address of the facility,   * **Complete Section 3.1, 3.4, 5, 9, 10** |
| Change in details of explosion protection accreditation (Mechanical). E.g. certifying body, accreditation/certificate number, specified ExDES, repair scope, nominated competent supervisors or address of the facility   * **Complete Section 3.1, 3.4, 6, 9, 10** |
| Change in competent personnel at a cable repair facility. E.g. cable repair signatory or Class B personnel   * **Complete Section 3.1, 7, 9, 10** |
| Other. E.g. other change not listed above or minor corrections   * **Complete Section 3.1, 8, 9, 10** |

1. Applicant details
   1. Body corporate (if applicable)

Registered name

|  |
| --- |
|  |

| **ACN** |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**Note:** if there has been a change of ACN or the name of the legal entity then **do not** continue with this form. Complete a new application form.

Registered business (trading) name, if applicable. If the organisation is a trustee for a trust, include the name of the trust. Attach a certificate or other written evidence of the registration of the business name to the application.

|  |
| --- |
|  |

| **ABN** |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

Do the supporting quality management and explosion protection certification reflect the changes identified above?

Yes – continue with this form.

No – the certification/s **must** reflect the changes and be provided with this form.

* 1. Individual or contact person for body corporate

|  |  |
| --- | --- |
| First name |  |
| Other given name |  |
| Last name |  |
| Salutation |  |
| Position Title |  |
| Email address\* |  |
| Daytime contact telephone number (contact will primarily be via email) |  |
| Mobile number |  |

\* The primary means of correspondence will be via email. The contact person for a body corporate should provide a generic email address so that throughout organisational changes in your company, the regulator can maintain contact with the legal entity. Failure to maintain up to date contact details may result in suspension or cancellation of a licence.

* 1. Street address (must NOT be a PO Box)

Body corporate to provide their registered business address. Individuals to provide their residential address.

|  |  |
| --- | --- |
| Unit/Street/Property |  |
| Street name |  |
| Suburb |  |
| State |  |
| Postcode |  |
| Country (if other than Australia) |  |

* + 1. Postal address

Same as the street address above

|  |  |
| --- | --- |
| Unit/street/property |  |
| Street name |  |
| Suburb |  |
| State |  |
| Postcode |  |
| Country (if other than Australia) |  |

* 1. Facility address

Same as the street address above

|  |  |
| --- | --- |
| Unit/Street/Property |  |
| Street name |  |
| Suburb |  |
| State |  |
| Postcode |  |

1. Quality system certification

Detail changes below where applicable:

|  |  |  |  |
| --- | --- | --- | --- |
| Standard | ISO 9001:2015  ISO/IEC 80079-34:2011 | Certificate no. |  |
| Issue date |  | Expiry date |  |
| Certification body |  | | |
| Scope of accreditation |  | | |
| Copy of the latest certificate is attached to this application form? | Yes  No | | |

1. Explosion protection certification (electrical)

Detail changes below where applicable:

|  |  |  |  |
| --- | --- | --- | --- |
| Certification | ANZEx Certificate of Recognition  AS/NZS 3800 Certificate of Verification  Product Conformity Certificate  IECEx Certificate of Conformity | | |
| Certificate no. |  | Issue no. |  |
| Issue date |  | Expiry date |  |
| Certification body |  | | |
| Scope of certification  (attach list if required) |  | | |
| Copy of the latest certificate is attached to this application form? | Yes  No | | |
| Copy of the latest Facility Assessment Report (FAR) that supports the changes? | Yes  No | | |

1. Explosion protection certification (mechanical)

|  |  |  |  |
| --- | --- | --- | --- |
| Certification | ISO 17020 Accreditation  AS/NZS 3584.3 Accreditation | | |
| Certificate no. |  | Issue no. |  |
| Issue date |  | Expiry date |  |
| Certification body |  | | |
| Specified ExDES (attach list if required) |  | | |
| Repair scope  (attach list if required) |  | | |
| Nominated competent supervisors to be added to licence (attach list if required) |  | | |
| Nominated competent supervisors to be removed from licence (attach list if required) |  | | |
| Copy of the latest certificate is attached to this application form? | Yes  No | | |
| Copy of each new nominated competent supervisor’s qualifications are attached | Yes  No | | |

1. Cable repair facility competent personnel

Detail the cable repair signatory’s or Class B personnel to be added to the licence where applicable. If you require more space, please insert additional rows in the table below.

|  |  |
| --- | --- |
| Full name of competency holder | Certificate no. |
|  |  |

Detail the cable repair signatory’s or Class B personnel to be removed from the licence where applicable. If you require more space, please insert additional rows in the table below.

|  |  |
| --- | --- |
| Full name of competency holder | Certificate no. |
|  |  |

1. Other

Detail changes below where applicable. Please provide details of any other changes to information or any relevant additional information.

Note: an existing licence cannot be amended to extend the expiry date. If your licence is due to expire and you require another licence, submit a new licence [application form](https://www.resourcesregulator.nsw.gov.au/safety-and-health/applications/licensed-activities/schedule-of-fees-for-authorisations).

|  |
| --- |
|  |

1. Attachments

List all attachments to this application. If the attachment is a separate document, list the document title. You will need to complete the whole application before completing this table.

If you require more space, please insert additional rows in the table below.

|  |  |  |
| --- | --- | --- |
| Title | Reference number | Date of document |
|  |  |  |

1. Applicant’s declaration

I declare that:

* the information supplied in this application is true and correct to the best of my knowledge; and
* in making this application, I have not failed to provide material information relating to the matters addressed above; and
* I am the applicant, or I am authorised to provide this information on behalf of the applicant; and
* I consent to the department making enquiries and exchanging information with SafeWork NSW and other work health and safety regulators in other states regarding any matter relevant to this application.

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date |  |

Note: Giving false or misleading information is a serious offence under section 268 of the *Work Health and Safety Act 2011*, and Part 5A of the *Crimes Act 1900.*

1. Submitting the form

Email this form and all accompanying documentation to the Mining Authorisation Team of Regional NSW - Resources Regulator at:

* Email: [mca@planning.nsw.gov.au](mailto:mca@planning.nsw.gov.au)

**Please note:** applications can only be accepted by email.

If you have any queries or need assistance submitting your supporting documentation, please contact the Resources Regulator on 1300 814 609 or at [mca@planning.nsw.gov.au](mailto:mca@planning.nsw.gov.au)

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