**February 2021**

## About this form

This form is to be used to apply for registration of an item of plant of a person-riding hoist (winding system) in a small gemstone mine.

[Clause 177](https://www.legislation.nsw.gov.au/#/view/regulation/2014/799/part13/sec177) of the *Work Health and Safety (Mines and Petroleum Sites) Regulation 2014* and [Part 5.3](https://www.legislation.nsw.gov.au/#/view/regulation/2017/404/chap5/part5.3) of the *Work Health and Safety Regulation 2017* sets out requirements for the item registration of specific plant used in mines.

In this form, words have the same meaning as that defined in the *Work Health and Safety (Mines and Petroleum Sites) Act 2013* and *Work Health and Safety Act 2011* and their respective Regulations.

1. Applicant details

An application can be made by a person who has control of the plant, can identify the plant and state that the plant has been inspected by a competent person and is safe to operate.

Is the applicant a person with management or control of the item of plant? [ ]  Yes [ ]  No\*

\*If no, please attach a letter of authority from the person with management or control of the item of plant.

* 1. Optional: What is the role of the applicant in relation to the item of plant being registered?

[ ]  Mine operator

[ ]  Contractor

[ ]  Hire company

[ ]  Other (please specify below)

|  |
| --- |
|       |

* 1. Body corporate (if applicable)

Registered name

|  |
| --- |
|       |

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

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** |   |   |  |   |   |   |  |   |   |   |  |   |   |   |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

* 1. Individual or contact person for body corporate

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

\* The primary means of correspondence will be via email. A general email address is preferred so that through organisational changes in your company the department can maintain contact.

* 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. Plant details

If you wish to apply for registration of more than one new item of plant complete sections 2-4 for each item of plant and attach the additional pages to your application.

|  |  |
| --- | --- |
| Person-riding hoist (winding system) make |       |
| Person-riding hoist (winding system) model |       |
| Person-riding hoist system (winding system) serial number |       |
| Installed power (kW) |       |
| Maximum rated capacity (one or two people) |       |
| Nominal rope speed (m/s) |       |
| Rope type, description of rope, and rope size |       |
| Description of brake or holding system |       |
| Description of control system |       |
| Does the hoist have an automatic device to bring the hoist to rest safely if the rope breaks? |       |
| Is there an emergency stop accessible from the cage or platform? |       |
| If known, date the item of plant was first commissioned or was first registered, whichever occurred first. |       |

1. Related design registration number

|  |  |
| --- | --- |
| Plant design registration number: |       |

[ ]  if the design is registered in another state or territory, attach a copy of the certificate of plant design registration.

1. Location of the plant

For fixed plant, provide the working location of the item of plant.

For mobile plant, provide the location where the plant is inspected and/or stored.

|  |  |
| --- | --- |
| Unit/street/property |       |
| Street name |       |
| Suburb |       |
| State |       |
| Postcode |       |

1. Fees

A fee is payable for an application for item of plant registration. The Resources Regulator uses a third-party secure payment service to receive payments. Refer to [our website](https://www.resourcesregulator.nsw.gov.au/safety-and-health/applications/licensed-activities/schedule-of-fees-for-authorisations) for instructions on how to make payment.

Enter your receipt number below:

|   |   |   |   |   |   |   |   |   |   |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

1. Applicant’s declaration

I declare that:

* an equivalent registration granted by a corresponding regulator under a corresponding work health and safety law is not held; and
* the information supplied in this application is true and correct to the best of my knowledge; and
* I confirm that the item of plant has been inspected by a competent person and assessed by that person as being safe to operate; and
* none of the information supplied by me in this application or any document attached or submitted in support of this application is false or misleading; and
* in making this application, I have not failed to provide material information relating to the matters addressed above; 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 |       |
| Position/title |       |
| 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. Checklist

To avoid delays in processing your application and confirm that your form is completely ready for submission, use this checklist.

**Applicant details**

[ ]  Is this application being made by a person with management or control of the item of plant? If not, then do not proceed with this application.

[ ]  Have you completed all the relevant fields in the applicant details?

**Plant details**

[ ]  Have you completed all the fields for plant details?

**Related design registration number**

[ ]  If the design is registered in another state or territory, have you attached a copy of the certificate of plant design registration?

Location of the plant

[ ]  Have you completed all the fields detailing the location of the plant?

## Application fee

[ ]  Have you made payment according to the instructions?

**Applicant’s declarations**

[ ]  Has the item of plant been inspected by a competent person and assessed by that person as being safe to operate?

[ ]  Has the applicant signed and dated the applicant’s declaration?

**If you have been able to tick all of the sections above, you may proceed with your submission.**

1. Submitting the form

Email this form and all accompanying documentation to the Mining Competencies and Authorisation team at the Resources Regulator at:

* Email: 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

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