

Approved form AF2002-241

Approved by the General Manager of the Health Protection Service
on 6.12.2002 under the

Public Health Act 1997, s137A

Public Health Act 1997—Form CT1

(see s56F)

Australian Capital Territory

Cooling Tower and Warm Water Registration Application Form

(See attached Cooling Tower and Warm Water Registration
Application Form)

Health Protection Service

Howard Florey Centenary House, 25 Mulley Street, Holder ACT 2611
Locked Bag 5, Weston Creek ACT 2611

Ph: 62051700

Fax: 62051705

ABN 88 407 290 295



COOLING TOWER OR WARM WATER REGISTRATION APPLICATION FORM

Section 56F *Public Health Act 1997*

Please complete this form, sign it and return it with the prescribed fee.

Section 1 - Applicant's Details

1 Registered Person/Company

Title	First Name	Surname
ABN	Company	

Section 2 - Location of Registered System

2 Building Name where Registered System is Located

Name

3 Registered System's Address

Street No	Street
Suburb	Postcode

4 Does a Commonwealth Agency own the Cooling Tower or Warm Water Storage System?

Yes No

Section 3 - Contact Details

5 Contact Details for Registered Person/Company

Contact Person		
After Hrs	Phone	Mobile
Fax	E-Mail	

Section 4 - Postal Details

6 Postal Address for Registered Person/Company

Suburb	State	Postcode

Section 5 - Equipment Details

7 Cooling tower or warm water storage system details

Name of Manufacturer	Model No
Year of Manufacturer	Serial No

Section 6 - Premises Owner

8 Person/Company who owns the premises where the cooling tower or warm water storage system is located

Name

9 Premises Owner's Contact Details

After Hrs	Phone	Mobile
Fax	E-Mail	

10 Premises Owner's Address

Property Name	Shop No	
Street No	Street	
Suburb	State	Postcode

11 Premises Owner's Postal Address - Same as Question 10

Suburb	State	Postcode

Section 7 - Premises Manager

12 Are the Premises Manager's details the same as Section 6? (If Yes go to section 8)

Yes No

A) Person/Company who managers the premises where the cooling tower or warm water storage system is located

Title	First Name	Surname
Company		ABN

B) Premises Manager's Contact Details

After Hrs	Phone	Mobile
Fax	E-Mail	

C) Premises Manager's Address

Property Name		Shop No
Street No	Street	
Suburb	State	Postcode

D) Premises Manager's Postal Address - Same as Question C

Suburb	State	Postcode

Section 8 - Equipment Owner

13 Are the Equipment Owner's details the same as Section 6? (If Yes go to section 9)

Yes No

A) Person/Company who owns the cooling tower or warm water storage system

Title	First Name	Surname
Company		ABN

B) Equipment Owner's Contact Details

After Hrs	Phone	Mobile
Fax	E-Mail	

C) Equipment Owner's Address

Property Name		Shop No
Street No	Street	
Suburb	State	Postcode

D) Equipment Owner's Postal Address - Same as Question C

Suburb	State	Postcode

Section 9 - Equipment Manager

14 Are the Equipment Manager's details the same as Section 6? (If Yes go to section 10)

Yes No

A) Person/Company who manages the cooling tower or warm water storage system

Title	First Name	Surname
Company		ABN

B) Equipment Manager's Contact Details

After Hrs	Phone	Mobile
Fax	E-Mail	

C) Equipment Manager's Address

Property Name		Shop No
Street No	Street	
Suburb	State	Postcode

D) Equipment Manager's Postal Address Same as Question C

Suburb	State	Postcode

Section 10 - Precise Location of System

15 Precise Location of System in Building (eg Roof Top, Plant Room Level 3, etc)

Section 11 - Fees

16 What is the registration period? (Please tick (✓) one box only)

Registration Period: 1 Year 2 Years 3 Years 4 Years 5 Years

Application Fee \$200 per year.

- Charities and Benevolent Institutions are fee exempt. Please provide documentary evidence.
- GST is not applicable under section 81-5 of the A New Tax System (Goods and Services Tax) Act 1999 (C'th).

PLEASE SEE SECTION 13 (PAGE 4) FOR PAYMENT OPTIONS

Note

1. A practicing engineer's statement certifying the system's compliance to the ACT Cooling Tower and Warm Water Storage System Code of Practice 2000 must accompany the application;
2. A practising engineer's risk assessment must accompany the application;
3. A cooling tower that comprises a water loop may be considered to be more than one cooling tower; and
4. Charities and benevolent institutions are exempt from paying the registration renewal fee. To qualify for exemption from the prescribed fee, proof of charity or benevolent institution status must be supplied.

Section 12 - Declaration

I declare that all the information supplied on this form is true and correct and the necessary records and / or documentation exist to support this application.

Signature of Registered Person/Company _____ Date _____
Print Name _____ Position _____
Title _____

OFFICE USE ONLY

Admin Officer: _____ Date forwarded to PHO _____ PHO _____
High Risk Site Yes No Fee Yes No Engineer's Certification Yes No
Registration Approved Yes No Conditions Yes No
Officer's Signature: _____ Date _____

Section 13 - Payment

Payment Method - Please Tick (✓)

Cash

Cheque

Credit Card

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

Contact Person _____

Type of Credit Card - Please Tick (✓)

Visa

Master Card

Bankcard

Credit Card No

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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Cardholders' Name _____

Fee

\$




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

Card Holder's Signature _____

Date _____

Daytime Phone No _____

How to Pay

	By Mail: Health Protection Service, Locked Bag 5, Weston Creek ACT 2611.		In Person: Health Protection Service, 25 Mulley Street, Holder ACT.
	Fax: 6205 1705		

Note: For fax payments you are still required to sign and return this form prior to the issue of your registration certificate.

OFFICE USE ONLY

File No: _____

Registration No _____

Form - CT1