## Approved form AF2002-243

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 CT3

(see s56K)

**Australian Capital Territory** 

## **Cooling Tower and Warm Water Registration Renewal Form**

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

## **Health Protection Service**

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





COOLIN	NG T	OWER (	OR WA	RM W	ATER F	REGIST	<b>RATION RE</b>	NEWAL FORM	
			Sec	ction 56K	Public He	alth Act 19	97		
Regist. No:			Fee:		File No:		Expiry Date:		
Please complete (Goods and Ser				he prescrib	ed fee. GST	is not applica	able under section 81-	-5 of the A New Tax System	
Section 1 F	Regis	tered Pers	on/Comp	any De	tails				
1 Registe									
Title	First N	lame			Surname	е			
ABN			Company		'				
Please Note: To	chang	e the registered	persons deta	ails you mu	st either com	plete a transf	fer form or submit a n	ew application	
Section 2 L	_ocat	ion of Reg	istered S	ystem					
	y Name	e where Regi	stered Syst	tem is Lo	cated				
Name									
	red Sy	stem's Addre	ess						
Street No		Street							
Suburb				ostcode	stcode				
Section 3	Conta	ct Datails							
		s for the Reg	istered Per	rson/Com	pany				
Contact Person		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
After Hrs			Phone			N	Nobile		
Fax				Email					
Section 4	osta	l Details							
5 Postal Ad	ldress fo	or Registration (	Corresponder	nce					
Suburb				State		Posto	code		
Section 5	-auin	mont Dota	ile						
		or warm wat		system d	lotaile				
Name of Manu			lei Storage	System o	ietaiis		Model No.		
Year of Manufa	acture					Serial No.			
7 Hove was			t madificat	ion to the	- avatam	 	fied the Health		
7 Have you Protection			it modificat	ion to the	e system at	iu not notii	fied the Health	Yes ☐ No ☐	
If Yes, a p	racticin	g engineer's ce						mpliance to the ACT Cooling the significant modification.	

Section 6 Premises Owner									
8 Has there been	n a change d	of premises ow	ner? (If Ye	s, please	com	plete this section)	Yes ☐ No ☐		
9 Person/Company who owns the premises where the cooling tower or warm water system is located									
Name									
10 Contact Detail	s (for admin	istrative purpo	ses)						
Contact Person	Contact Person E-Mail								
Phone Fax					Mobile				
11 Physical Addre	ess			'					
Shop No Property Name									
Street No Street									
Suburb	I		Postco	ode					
12 Postal Addres	s								
Suburb			State			Postcode			
Subuib			State			Posicode			
Castian 7 Drami	ana Mana								
Section / Premi	ses mana	ger							
Section 7 Premi		•	nager? (If	Yes, plea	ise co	omplete this section)	Yes □ No □		
13 Has there been	n a change d	of premises ma	-			omplete this section)  g tower or warm water sys	Yes ☐ No ☐		
13 Has there been	n a change d	of premises ma	-			omplete this section) g tower or warm water sys			
13 Has there been 14 Person/Compa	n a change d	of premises ma	-						
13 Has there been 14 Person/Compa Company Name	n a change o	of premises ma nagers the prer	mises whe	ere the co	olinç	g tower or warm water sys			
13 Has there been 14 Person/Compa Company	n a change o	of premises ma nagers the prer	mises whe	ere the co	olinç	g tower or warm water sys			
13 Has there been 14 Person/Compa Company Name 15 Premises Man	n a change o	of premises ma nagers the prer	mises whe	ere the co	olinç	g tower or warm water sys			
13 Has there been 14 Person/Compa Company  Name 15 Premises Man Contact Person  Phone	n a change d any who ma ager's Conta	of premises managers the premater the premat	mises whe	ere the co	pose	g tower or warm water sys			
13 Has there been 14 Person/Compa Company Name 15 Premises Man Contact Person	n a change d any who ma ager's Conta	of premises managers the premate act Details (for a Fax	mises whe	ere the co	pose	g tower or warm water sys			
13 Has there been 14 Person/Compa Company Name 15 Premises Man Contact Person Phone 16 Premises Man	any who man ager's Conta ager's Addre	of premises managers the premate act Details (for a Fax	mises whe	ere the co	pose	g tower or warm water sys			
13 Has there been 14 Person/Compa Company Name 15 Premises Man Contact Person Phone 16 Premises Man Shop No	ager's Conta	of premises managers the premate act Details (for a Fax	mises whe	ative purp	pose	g tower or warm water sys			
13 Has there been 14 Person/Compa Company Name 15 Premises Man Contact Person Phone 16 Premises Man Shop No Street No Suburb	ager's Contage of Ager's Contager's Address Property Nar	of premises managers the premate act Details (for a Fax ess	mises whe	ative purp	pose	g tower or warm water sys			
13 Has there been 14 Person/Compa Company Name 15 Premises Man Contact Person Phone 16 Premises Man Shop No Street No Suburb	ager's Contage of Ager's Contager's Address Property Nar	of premises managers the premate act Details (for a Fax ess	mises whe	ative purp	pose	g tower or warm water sys			
13 Has there been 14 Person/Compa Company Name 15 Premises Man Contact Person Phone 16 Premises Man Shop No Street No Suburb	ager's Contage of Ager's Contager's Address Property Nar	of premises managers the premate act Details (for a Fax ess	mises whe	ative purp	pose	g tower or warm water sys			

Section 8 Equip	ment Owi	ner						
<ul><li>18 Has there been a change of equipment owner? (If Yes, please complete this section)</li><li>19 Person/Company who owns the cooling tower or warm water system</li></ul>						Yes ☐ No ☐		
19 Person/Compa Company	any who ow	ns the cooling	g tow	er or war	m wate	er sy	rstem	
Name								
20 Equipment Ov	vner's Conta	act Details (fo	r adn	ninistrativ		oses	s)	
Contact Person					E-Mail			
Phone	Phone Fax Mobile							
21 Equipment Ov	vner's Addre	ess						
Shop No	Property Na							
Street No	Street							
Suburb				Postcode	!			
22 Equipment Ov	unaria Basta	A Addroso						
22 Equipment Ov	VIIEI S PUSIA	ii Auuress						
Suburb			Stat	te			Postcode	
Section 9 Equip	mont Mar	nager						
			<b></b>	0 m 0 m 2 /lf \/	/aa nla		complete this section)	Vac $\square$ No $\square$
23 Has there been 24 Person/Compa	_				-		complete this section)	Yes ☐ No ☐
Company	ally Will illa	mages me co	omig	tower or	waiiii	wate	i system	
Name								
25 Equipment Ma Contact Person	ınager's Coı	ntact Details (	for a	dministrat	tive pu E-Mail	irpos	ses)	
Contact Person					E-IVIAII			
Phone		Fax				Mob	ile	
26 Equipment Ma	nager's Add	dress						
Shop No	Property Na	me						
Street No	Street							
Suburb Postcode								
				1 0010000				
27 Equipment Ma	ınager's Pos	stal Address						
Suburb			Stat	te			Postcode	
Continu 40 Don	lovotion.							
Section 10 Dec		accomplised as the	·				and the management and a	
documentation exist				m is true ar	na con	ect a	and the necessary records a	na / or
Signature of Re	egistered						Data	
							Date Position	
Pr	int Name						Title	
OFFICE USE ONLY	Y							
Registration Approved	Yes ☐ No		Condi	tions	Yes 🗌	No [		
Officer's Signature				Date				

Payment Method - Please Tick (✔)	Cash	Cheque	Credit Card					
	Note: Cheques	should be made payable to	o the Health Protection Service.					
Type of Credit Card - Please Tick (✔)	Visa 🗌	Master Card	Bankcard					
Credit Card No			Expiry Date					
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								
Phone: 6205 1700 (Please have your cand this notice ready when you call).	redit card	Fax: 6205 1705						
Note: You are still required to sign and return this form prior to the issue of your registration certificate.								
By Mail: Health Protection Service, Lo Bag 5, Weston Creek ACT 2611.	ocked	In Person: Health Prote Street, Holder ACT.	ection Service, 25 Mulley					
Online: www.canberraconnect.act.gov	v.au							
OFFICE USE ONLY								
File No: Regi	stration No							