

Approved form AF2002-245

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 CT5

(see s56M)

Australian Capital Territory

Cooling Tower or Warm Water Registration Transfer Form

(See attached Cooling Tower or Warm Water Registration Transfer
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 TRANSFER FORM

Section 56M Public Health Act 1997

Section 1 Conditions of Transfer

- This application must be signed by both the current registered person and the new applicant;
- The original registration certificate must be submitted with this transfer application; and
- This form must be completed and returned with the prescribed fee.

If these conditions cannot be met the new applicant must complete a new application form

Section 2 Current Registration Details

Register No: File No: Expiry Date:

Section 3 Fees

Transfer Fee \$50

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

Section 4 Current Registered Person/Company Details

1 Registered Person

| | | |
|-------|------------|---------|
| Title | First Name | Surname |
| ABN | Company | |

Section 5 Current Contact Details

2 Contact Details for the Current Registered Person/Company

| | | |
|----------------|-------|--------|
| Contact Person | | |
| After Hrs | Phone | Mobile |
| Fax | Email | |

Section 6 Transfer Details

3 Current Registered Person to Complete:

Please transfer this registration to the new entity below:

Signature of

Registered Person _____

Date _____

Print Name _____

4 New Registered Person to Complete: (Note: The New Registered Person is required to sign the Declaration at Section 13 - Page 4 of this form)

(A) New Registered Person

| | | |
|-------|------------|---------|
| Title | First Name | Surname |
| ABN | Company | |

Section 7 New Contact Details

5 Contact Details for the New Registered Person/Company

| | | |
|----------------|-------|--------|
| Contact Person | | |
| After Hrs | Phone | Mobile |
| Fax | Email | |

Section 8 New Postal Details

6 Postal Address for Registration Correspondence

| | | |
|--------|-------|----------|
| | | |
| | | |
| Suburb | State | Postcode |

Section 9 Changes to Registration Details

7 Have you made a significant modification to the system and not notified the Health Protection Service Yes No

If Yes, a practicing engineer's certificate certifying the cooling tower's or warm water storage systems compliance to the *ACT Cooling Tower and Warm Water Storage System Code of Practice 2000* must accompany the renewal in light of the significant modification.

8 Has there been a change of premises owner? (If Yes, Complete Section 10 - Page 3) Yes No

9 Has there been a change of premises manager? (if Yes, Complete 17 – Page 3) Yes No

10 Has there been a change of equipment owner? (if Yes, Complete 0 – Page 4) Yes No

11 Has there been a change of equipment manager? (if Yes, Complete Section 12 – Page 4) Yes No

If No to Questions 8, 9, 10 and 11, please go to Section 13 – Page 4

Section 10 New Premises Owner

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

| |
|------|
| Name |
|------|

13 Contact Details (for administrative purposes)

| | | |
|----------------|--------|--------|
| Contact Person | E-Mail | |
| Phone | Fax | Mobile |

14 Physical Address

| | |
|-----------|---------------|
| Shop No | Property Name |
| Street No | Street |
| Suburb | Postcode |

15 Postal Address

| | | |
|--------|-------|----------|
| | | |
| | | |
| Suburb | State | Postcode |

16 Is the New Premises Owner a Commonwealth Government Agency? Yes No

17 New Premises Manager

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

| |
|---------|
| Company |
| Name |

19 Premises Manager's Contact Details (for administrative purposes)

| | | |
|----------------|--------|--------|
| Contact Person | E-Mail | |
| Phone | Fax | Mobile |

20 Premises Manager's Address

| | |
|-----------|---------------|
| Shop No | Property Name |
| Street No | Street |
| Suburb | Postcode |

21 Premises Manager's Postal Address

| | | |
|--------|-------|----------|
| | | |
| | | |
| Suburb | State | Postcode |

Section 11 New Equipment Owner

22 Person/Company who owns the cooling tower or warm water system

| |
|---------|
| Company |
| Name |

23 Equipment Owner's Contact Details (for administrative purposes)

| | | |
|----------------|--------|--------|
| Contact Person | E-Mail | |
| Phone | Fax | Mobile |

24 Equipment Owner's Address

| | |
|-----------|---------------|
| Shop No | Property Name |
| Street No | Street |
| Suburb | Postcode |

25 Equipment Owner's Postal Address

| | | |
|--------|-------|----------|
| Suburb | State | Postcode |
|--------|-------|----------|

Section 12 New Equipment Manager

26 Person/Company who manages the cooling tower or warm water system

| |
|---------|
| Company |
| Name |

27 Equipment Manager's Contact Details (for administrative purposes)

| | | |
|----------------|--------|--------|
| Contact Person | E-Mail | |
| Phone | Fax | Mobile |

28 Equipment Manager's Address

| | |
|-----------|---------------|
| Shop No | Property Name |
| Street No | Street |
| Suburb | Postcode |

29 Equipment Manager's Postal Address

| | | |
|--------|-------|----------|
| Suburb | State | Postcode |
|--------|-------|----------|

Section 13 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 New Registered

Person/Company _____

Date _____

Print Name _____

Position _____
Title _____

OFFICE USE ONLY

Registration Transfer
Approved

Yes No

Conditions

Yes No

Officer's Signature

_____ Date _____

Section 14 Payment

Payment Method - Please Tick (✓)

Cash

Cheque

Credit Card

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

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"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Expiry Date

| | | | | |
|----------------------|----------------------|---|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|---|----------------------|----------------------|

Cardholders' Name _____

Fee

\$ 50

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 credit card and this notice ready when you call). |  | 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, Locked Bag 5, Weston Creek ACT 2611. |  | In Person: Health Protection Service, 25 Mulley Street, Holder ACT. |
|---|--|---|---|

OFFICE USE ONLY

File No: _____

Registration No _____