

# COOLING TOWER OR WARM WATER STORAGE SYSTEM APPLICATION TO VARY REGISTRATION

## PURPOSE

This form is to be used to apply for a variation to a registration under the *Public Health Act 1997* (the Act).  
You can access the Act and its regulation at [www.legislation.act.gov.au](http://www.legislation.act.gov.au).

## PRIVACY

The collection of personal information is required by this form for the purposes of issuing a registration under the Act. The Health Protection Service (HPS) prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (Commonwealth).

## HEALTH PROTECTION SERVICE CONTACT INFORMATION

Trading Hours: 9.00am – 4.30pm Monday to Friday

### Website:

[www.health.act.gov.au/hps](http://www.health.act.gov.au/hps)

### General Enquires:

02 5124 9700

### Email Address:

[hps@act.gov.au](mailto:hps@act.gov.au)

### Fax Number:

02 5124 5554

## INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- If you are changing location or the registered person(s) details, this variation form cannot be used. A [Transfer](#) or [New Application form](#) must be completed and submitted to the Health Protection Service.
- This application form must be signed by the registered person and the original registration certificate (or a copy) must be attached to this application.
- Complete this form using a black or blue pen only.

## TRANSLATING AND INTERPRETING SERVICE

A language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

## COMPLETED FORM TO BE RETURNED

### In Person:

Health Protection Service  
Howard Florey Centenary House  
25 Mulley Street  
HOLDER ACT 2611

### By Post:

Health Protection Service  
Locked Bag 5005  
WESTON CREEK ACT 2611

### By Fax:

02 5124 5554

### By Email:

[hps@act.gov.au](mailto:hps@act.gov.au)

***If the application is faxed  
or emailed, please to do  
post the original***

REQUIRED INFORMATION <i>(Must be completed)</i>		
REGISTRATION NUMBER:	FILE NUMBER:	EXPIRY DATE:

PARTICULARS OF BUSINESS VARIATION <i>(Must be completed)</i>		
<i>Please indicate which variation(s) you are applying for and ONLY complete the sections relevant to your changes.</i>		
<input type="checkbox"/> System details <b>PART A</b>	<input type="checkbox"/> System contact person details <b>PART B</b>	<input type="checkbox"/> System owner details <b>PART C</b>
<input type="checkbox"/> System manager Details <b>PART D</b>	<input type="checkbox"/> Building owner Details <b>PART E</b>	<input type="checkbox"/> Building manager details <b>PART F</b>
<input type="checkbox"/> Postal details – registration correspondence <b>PART G</b>		

PART A - SYSTEM DETAILS – <i>Details of Cooling Tower or Warm Water Storage System (Registered System)</i>		
A cooling tower that comprises a water loop may be considered to be more than one cooling tower.		
On making a significant modification to the cooling tower or warm water storage system, you must submit a practicing engineer's certificate certifying the cooling tower's or warm water storage system's compliance with the 'Public Health (Cooling Towers, Evaporative Condensers and Warm Water Storage Systems Specialised Systems) Code of Practice 2005' with this application.		
Have you made any significant modification to the cooling tower or warm water storage system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If <u>Yes</u> please provide details below.		
NAME OF MANUFACTURER:		
MODEL NUMBER:	SERIAL NUMBER:	OTHER:

PART B - SYSTEM CONTACT PERSON DETAILS (person to contact if a problem occurs)		
GIVEN NAME:	FAMILY NAME:	
BUSINESS PHONE:	MOBILE PHONE:	FAX:
EMAIL:		

PART C - SYSTEM OWNER - <i>Company or individual</i>		
NAME:		
ADDRESS:		
SUBURB:	STATE:	POSTCODE:
PHONE:	MOBILE:	FAX:
EMAIL:		
SYSTEM OWNER POSTAL ADDRESS – <i>If different from above</i>		
ADDRESS:		
SUBURB:	STATE:	POSTCODE:

PART D - SYSTEM MANAGER - <i>Company or individual</i>		
NAME:		
ADDRESS:		
SUBURB:	STATE:	POSTCODE:
CONTACT NAME:		
PHONE:	MOBILE:	FAX:
EMAIL:		
SYSTEM MANAGER POSTAL ADDRESS – <i>If different from above</i>		
ADDRESS:		
SUBURB:	STATE:	POSTCODE:

PART E - BUILDING OWNER DETAILS – <i>Company or Individual</i>		
NAME:		
ADDRESS:		
SUBURB:	STATE:	POSTCODE:
CONTACT NAME:		
PHONE:	MOBILE:	FAX:
EMAIL:		
BUILDING OWNER POSTAL ADDRESS – <i>If different from above</i>		
ADDRESS:		
SUBURB:	STATE:	POSTCODE:

PART F - BUILDING MANAGER DETAILS – <i>Company or Individual</i>		
NAME:		
ADDRESS:		
SUBURB:	STATE:	POSTCODE:
CONTACT NAME:		
PHONE:	MOBILE:	FAX:
EMAIL:		
BUILDING MANAGER POSTAL ADDRESS – <i>If different from above</i>		
ADDRESS:		
SUBURB:	STATE:	POSTCODE:

PART G - POSTAL DETAILS – BUSINESS CORRESPONDENCE		
STREET NUMBER/PO BOX:	STREET NAME:	
SUBURB:	STATE:	POSTCODE:

DECLARATION	
<p>I declare that I am authorised to supply all the information above; that all the information supplied on this form is true and correct; and that there are necessary records and/or documentation to support this application to vary registration.</p> <p>I understand that failure to submit all required information and documentation may delay my application and that the provision of false or misleading information may be a criminal offence.</p>	
NAME: _____	POSITION: _____
SIGNATURE: _____	DATE: _____