



APPLICATION FOR CHANGE TO THE REGISTER OF FOOD OFFENCES

Before completing this form, please read the *Guide to the Register of Food Offences* (available from the Health Directorate website). Please complete all relevant sections of this form. Any incomplete or illegible applications may be returned to the applicant and not be progressed.

*Denotes mandatory field

1. APPLICANT DETAILS (PLEASE PRINT)*			
Surname:		Given names:	
Home address:			
Phone/Mobile:		Fax:	
Email:			
2. COMPANY (if applicable)			
Company name:			
Trading name:			
Business address: (place of trade only)			
Phone/Mobile:		Fax:	
Email:			
3. INTERESTED PERSON FILING THE APPLICATION (PLEASE TICK ONE OF THE FOLLOWING)*			
<p><i>NB. A person is an "interested person" if the information of the Register is in relation to the person, the person's employee or agent, or to a business or company which the person has an expressed interest in.</i></p> <p><input type="checkbox"/> Information on the register relates to me</p> <p><input type="checkbox"/> Information on the register relates to my employee</p> <p><input type="checkbox"/> Information on the register relates to my agent</p> <p><input type="checkbox"/> Information on the register relates to a business which I own/have an interest</p> <p><input type="checkbox"/> Other (please detail below)</p>			
<p>Nature and evidence of your interest: <i>Please detail or provide evidence in support of any disclosed interests.</i></p>			

4. REASONS FOR THE CHANGE *

*With reference to the circumstances as detailed in **The Guide to the Register of Food Offences** (see the Guide), please detail below why you are requesting the change. Please attach a separate piece of paper if required.*

I am seeking a change to the information on the register because:

5. DISCLOSURE OF INFORMATION *

I authorise and understand that the ACT Government Health Directorate or other Government body may be required to disclose and/or collect information for the purposes of determining the application.

6. SIGNATURE *

Applicant signature:			
Print name:		Date:	

7. SEND THIS FORM AND ANY SUPPORTING DOCUMENTS TO THE HEALTH PROTECTION SERVICE

Please send the completed form by fax, email or post to:

Attn: Environmental Health
Health Protection Service
Locked Bag 5005
Weston Creek ACT 2611

Email: hps@act.gov.au
Fax: (02) 5124 9700
Phone: (02) 5124 9305

OFFICE USE ONLY

File number:	
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