



**ACT**  
Government

**ACT Health**

## Health Protection Service

# Cooling Tower System New Registration

Use this form to apply for a Cooling Tower System Registration under the **Public Health Act 1997**.

View the Act and its regulations at [legislation.act.gov.au/a/1997-69/](http://legislation.act.gov.au/a/1997-69/)

## How to complete this form

Complete this form using a black or blue pen and return to the Health Protection Service with the appropriate fee (see Section F).

This form may also be completed online and the fee paid via a secure payment portal at [form.act.gov.au/smartforms/form.htm?formCode=1240](http://form.act.gov.au/smartforms/form.htm?formCode=1240)

## Attachments

This form requires you to submit attachments as part of the lodgement process:

- An engineer's risk assessment, which assesses each tower within the system.
- One form of photographic identification for each registered person (or for the registered agent if applying as a corporation), sighted and certified by an authorised witness.
- If applying as a company - a current company extract (issued within the previous 30 days) from the Australian Securities and Investment Commission ASIC).
- If applying for a fee exempt application, evidence of fee exempt status is required.

## Contact us

Health Protection Service

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

Phone: 02 5124 9700

Fax: 02 5124 5554

By post: Locked Bag 5005

WESTON CREEK ACT 2611

In person: 25 Mulley Street

HOLDER ACT 2611

## Privacy

The collection of personal information is required for the purposes of issuing a registration under the *Public Health Act 1997*.

The Health Protection Service prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988 (Commonwealth)*.

If you have questions about how your information will be handled please see the ACT Health Privacy Notice at [health.act.gov.au/privacy](http://health.act.gov.au/privacy) or contact us.

## Need an interpreter?

To speak to someone in a language other than English please telephone the Telephone Interpreter Service (TIS) on **131 450**.

بالرقم إتصل مترجم إلى بحاجة كنت إذا Arabic: 13 14 50 :

Chinese: 如果您需要翻譯, 請致電 : 13 14 50

Croatian: Ako trebate tumača, nazovite: 13 14 50

English: If you need a translator, call 13 14 50

Greek: Αν χρειάζεστε διερμηνέα, τηλεφωνήστε: 13 14 50

Italian: Se hai bisogno di un interprete, chiamate: 13 14 50

Maltese: Jekk għandek bżonn ta 'interpretu, sejħa: 13 14 50

فراخوان, است لازم شما اگر Persian: 131 450

Polish: Jeśli potrzebujesz tłumacza, zadzwoń: 13 14 50

Portuguese: Se você precisar de um intérprete, ligue para: 13 14 50

Serbian: Ако треба тумача, назовите: 13 14 50

Spanish: Si usted necesita un intérprete, llame al: 13 14 50

Turkish: Eğer bir tercümana ihtiyacınız Arama: 13 14 50

Vietnamese: Nếu bạn cần một thông dịch viên, xin gọi: 13 14 50

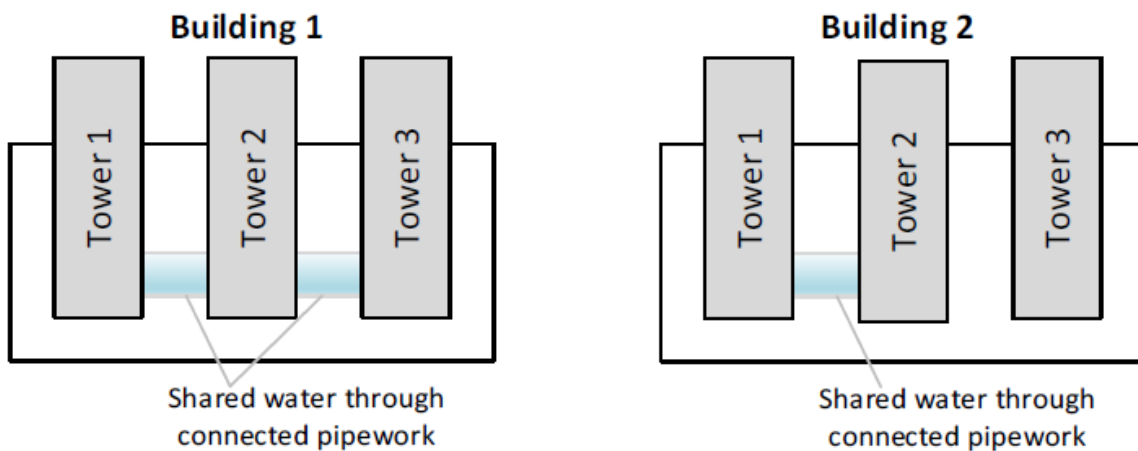


## What is a cooling tower system?

A cooling tower system, for the purposes of registration in the ACT, is where a single body of cooling water is circulated within either one or multiple cooling towers. Where multiple towers exist within a cooling tower system the towers are connected by pipework and the cooling water is circulated between the towers.

Usually, multiple towers connected within a system will only have a single chemical dosing point. If the towers do not share a common water body through pipework, they are considered separate systems and will require submission of a separate registration application. Separate systems will also have separate chemical dosing points.

For example:



The system shown above as 'Building 1' has **1 system comprising 3 towers.**

The system shown above as 'Building 2' has **2 systems in total.** 1 system comprises 2 towers, and the other system comprises 1 tower.

## Section A: Registered person type

The registration is issued to the person(s) who will have the overall responsibility for the maintenance and day to day running of the system and who would be the first point of contact in the event of a disease outbreak or emergency. The registered person(s) will also be responsible for any contraventions of the **Public Health Act 1997**.

**Trusts will not be registered**, corporations operating as trustees for a trust will be registered in the corporation name only.

**Applications listing a partnership as the registered person will not be accepted.** If your business is operated by a partnership, one or more of the individuals of the partnership will need to be listed.

Sections B or C of this application form must be separately completed for each individual listed as a registered person. Extra copies of sections B and C are available at **[www.health.act.gov.au/hps](http://www.health.act.gov.au/hps)** or by contacting the Health Protection Service.

You are applying for a registration as:

- A corporation → **Complete section B for each corporation**
- An individual (or individuals) → **Complete section C for each individual**

## Section B: Registered corporation

Complete this section **only** if you selected **'a corporation'** in Section A.

If there are multiple corporations, make additional copies of this section for **each corporation**.

### Corporation name

As shown on your company extract

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### Corporation type

- Company      **Australian Company Number (ACN):** .....
- Incorporated association
- Government agency
- Registered charitable organisation

### Registered corporation address

Address .....

.....

Suburb ..... State ..... Postcode .....

### Registered corporation postal address

Address .....

.....

Suburb ..... State ..... Postcode .....

### Registered corporation phone numbers

Phone (BH) ..... Phone (AH) .....

Mobile .....

**Email** ..... (required)

## Proof of identification

To protect public health, the Health Protection Service needs to be able to confirm the identity of applicants.

You must provide one piece of certified photographic identification for the authorised agent who is making the application.

The preferred types of identification are:

- Driver licence
- Passport
- Proof of Identity card or Proof of Age card

If you are sending a copy of your identification by post, fax, email or online form, each copy must be certified by a witness as a true and accurate copy.

For more information, visit [health.act.gov.au/businesses/licensing-and-registration](http://health.act.gov.au/businesses/licensing-and-registration)

If you bring your identification to the Health Protection Service in person, we will make a copy and certify it for you.

I have attached certified photographic identification for the authorised agent.

## Company extract

You must also provide a copy of a current company extract issued by the Australian Securities and Investment Commission (ASIC) **issued within the last 30 days**. The Company Extract includes details of the corporate, business names and trading names, present directorships and proprietorships of the company.

You can obtain a current company extract from ASIC at [asic.gov.au](http://asic.gov.au)

I have attached a current company extract issued within the last 30 days.

## Declaration

This declaration must be made by the authorised agent of the corporation.

I, ....., confirm that the information supplied in this section is true and accurate, and understand that the provision of false or misleading information is an offence.

Position title .....

Signature of agent .....

Date .....

## Section C: Registered person – Individual

Complete this section **only** if you selected **'an individual (or individuals)'** in Section A.

If there are multiple registered people, make additional copies of this section for **each person to be registered**.

### Your full name

As shown on your photographic identification

Title (Mr, Ms) ..... Given name(s) .....

Surname .....

### Registered person residential address

Address .....

.....

Suburb ..... State ..... Postcode .....

### Registered person postal address

Address .....

.....

Suburb ..... State ..... Postcode .....

### Registered person phone numbers

Phone (BH) ..... Phone (AH) .....

Mobile .....

**Email** ..... (required)

**Proof of identification**

To protect public health, the Health Protection Service needs to be able to confirm the identity of applicants.

You must provide one piece of certified photographic identification for each person to be registered.

The preferred types of identification are:

- Driver licence
- Passport
- Proof of Identity card or Proof of Age card

If you are sending a copy of your identification by post, fax, email or online form, each copy must be certified by a witness as a true and accurate copy.

For more information, visit [health.act.gov.au/businesses/licensing-and-registration](http://health.act.gov.au/businesses/licensing-and-registration)

If you bring your identification to the Health Protection Service in person, we will make a copy and certify it for you.

I have attached certified photographic identification for this person.

**Declaration**

This declaration must be made by each person to be registered.

I, ....., confirm that the information supplied in this section is true and accurate, and understand that the provision of false or misleading information is an offence.

Signature ..... Date .....



## Section D: Building details

### Building where the system is located

Building .....

Address .....

.....

Suburb ..... State ..... Postcode .....

### Building owner (corporation or individual)

Name .....

Address .....

.....

Suburb ..... State ..... Postcode .....

Phone (BH) ..... Mobile .....

Email .....

### Building manager (corporation or individual)

Name .....

Address .....

.....

Suburb ..... State ..... Postcode .....

Phone (BH) ..... Mobile .....

Email .....

## Section E: System details

Please see 'What is a cooling tower system' on page 3 for a definition of a cooling tower system for registration purposes. Registration of multiple systems will require submission of a separate registration application for each system.

### Date of last engineer's risk assessment

..... / ..... / .....

I have attached a engineer's risk assessment completed within the last 5 years.

Does a Commonwealth agency own the cooling tower system?

Yes

No

How many cooling towers does this system comprise? .....

### Tower details (list each tower)

Tower	Make	Model number	Serial number
Tower 1			
Tower 2			
Tower 3			
Tower 4			
Tower 5			
Tower 6			

### Location of system within the building

For example 'roof top', 'plant room level 3', etc.

.....

.....

.....

**System contact person**

Who can we contact if a problem occurs?

Title (Mr, Ms) ..... Given name(s) .....

Surname .....

Phone (BH) ..... Phone (AH) .....

Mobile .....

Email .....(required)

**System owner (corporation or individual)**

Name .....

Address .....

.....

Suburb ..... State ..... Postcode .....

Phone (BH) ..... Mobile .....

Email .....

**System manager (corporation or individual)**

Name .....

Address .....

.....

Suburb ..... State ..... Postcode .....

Phone (BH) ..... Mobile .....

Email .....

## Section F: Fees and payment

Do you want to apply for a fee-exempt application?

Yes → Complete **fee exemption details** below

No → Skip to **payment details**

### **Fee exemption details (fee exempt applications only)**

To claim exemption from payment of a fee you need to provide evidence that the owner or manager of the cooling tower or warm water system is a charity. Evidence of registration as a charity with the Australian Charities and Not-for-Profits Commission (the ACNC) is preferred.

I have attached evidence of my fee exempt status.

**Registration duration (all applications)**

You can choose to register your business for 1, 2 or 3 years. The Health Protection Service will send you a reminder notice 3-4 weeks prior to the registration renewal date.

How many years would you like to register for?

- 1 year     \$332 per tower
- 2 years    \$664 per tower
- 3 years    \$996 per tower

Total fee due \$..... Fee above × number of towers in system.

**GST is not applicable** under section 81-5 of the *A New Tax System (Goods and Services Tax) Act 1999*.

**Payment details**

Do not complete these details if you are applying for a fee-exempt application.

Payment method

- EFTPOS (in person at the Health Protection Service)
- Cheque
- Credit card (complete details below)

**Credit card details (if paying by credit card)**

I agree to this credit card being debited the required fee and the credit card details being destroyed after the transaction is processed.

Cardholder name .....

Signature .....

Date .....

Daytime phone .....

Credit card type

- Visa      Mastercard

Credit card number

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Expiry (MM/YY)

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## Section G: Declaration

I declare that:

- I am authorised to supply all the information in this form;
- that all the information supplied on this form is true and correct; and
- that there are necessary records and/or documentation to support this registration application.

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.

Name .....

Position title ..... (If applying as a corporation)

Signature of agent ..... Date .....

## Section H: Checklist

It is recommended that you use the checklist below to ensure that your application is complete.

- I have read 'What is a cooling tower system' on page 3.
- I have completed Section A: Registered person type
- I have completed Section B: Registered person – Corporation **or** Section C: Registered person – Individual **for each listed owner.**
- I have attached certified identification for the registered person or authorised agent or **for each listed registered person.**
- I have completed Section D: Building details
- I have completed Section E: System details
- I have attached a engineer's risk assessment completed within the last 5 years.
- I have completed Section F: Fees and payment.
- I have attached payment **or** I have attached evidence of fee exemption.
- I have signed the declaration in Section G: Declaration.