



**Application Form:
Variation to a Licence to Operate Plant
(Reg 4.46)**

To obtain copies of this form or for further information please contact Comcare on 1300 366 979 or email: ohs.plant@comcare.gov.au.

See also separate instructions for completing this form.

1. Current licence number.....	Applicant number..... (Comcare use only)
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2. Reason for variation	Date of change
<input type="checkbox"/> Name of employer has changed – Reg 4.46(1)(a)
<input type="checkbox"/> Item of plant is altered – Reg 4.46(1)(b)
<input type="checkbox"/> Item of plant that is normally fixed has been relocated – Reg 4.46(1)(c)
<input type="checkbox"/> For mobile plant - the depot or other place at which the plant may be found is changed – Reg 4.46(1)(d)
<input type="checkbox"/> Plant is decommissioned or disposed of – Reg 4.46(1)(e). Is the old licence attached?
Yes <input type="checkbox"/> No <input type="checkbox"/> If No, you will be unable to proceed with this application. – Reg 4.46(2)(b).	

3. Changed information (Please indicate the change by ticking the relevant box.)			
Changes to plant item identification information	Name of manufacturer	Serial number
	Date of manufacture	Vehicle registration number
	Model number	Owner identification detail
<input type="checkbox"/>			
Changes to plant design	Has the plant design been altered since registration?		
	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	New design registration no	Issuing authority	
Changes to plant location	Plant location (tick appropriate box and provide location details)		Provide the address of the item of plant or its depot (or place it may be found).
	<input type="checkbox"/>	Is the item of plant normally fixed or mobile?	Building/site name
		Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	Street address
		Is the item of plant a tower crane?	Suburb/town
	Yes <input type="checkbox"/> No <input type="checkbox"/>	State	Post code
	If Yes, has a notification of compliance with maintenance requirement for a tower crane been provided to Comcare?		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
(Note: If a tower crane is relocated, the employer must provide Comcare with a notification of compliance with maintenance requirement for a tower crane as soon as practicable after the tower crane is relocated.)			

3. Changed information continued

Changes to organisation or applicant details

Organisation's details:

Principal Officer / CEO title

Employer/agency

Postal address

State Post code

Applicant's details:

Name

Position title

Postal address

State Post code

Phone number

Mobile number

Fax number

Email

Other changes Provide details of the change and attach further page(s) if required.

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4. Fee per item of plant

- The fee per item of plant varied is \$25 and is payable no later than 14 days after the date of the letter varying the licence.
- Method of payment:
 - Cheque/money order payable to Comcare enclosed
 - Invoice
 - Credit card.

If paying by credit card:

Please debit my Bank/Master/Visa/AMEX card to the amount of \$ to cover my licence(s) varied.

Card number:

Expiry date

Card holder name

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

5. Applicant's statement

I declare that the details provided on this form are true and correct to the best of my knowledge and belief. I am empowered by valid and express power, delegation in writing or authorisation in writing, to act as, for or on behalf of, the Principal Officer / Chief Executive Officer. I declare that I will ensure compliance, on behalf of the Principal Officer / Chief Executive Officer, to the requirements for plant under the *Occupational Health and Safety (Safety Standards) Regulations 1994*.

Name..... Position title.....
(Please print in BLOCK LETTERS)

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

Send completed form to:

Plant Contact Officer, Comcare, GPO Box 9905, Canberra ACT 2601, Fax: (02) 6274 8866