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| C:\Users\ngoc.nguyen\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\V0PQQMPS\Cumberland City Council - Hori - Colour.png | Regulated System Registration Form |
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| **OFFICE USE ONLY** | | | | | | | | | |
| **Registration No:** |  | | | | | | **Date:** | |  |
| **Classification\*:** |  | High |  | Medium |  | Low | | (\*Requires RMP) | |

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| **LODGEMENT OF APPLICATION** | |
| **Council:** | Monday-Friday, 8:00am-4:30pm  **Auburn Service Centre** - 1 Susan Street, Auburn NSW 2144  **Merrylands Service Centre** - 16 Memorial Avenue, Merrylands NSW 2160 |
| **Mail:** | The General Manager, Cumberland City Council, PO Box 42, Merrylands NSW 2160 |
| **Email:** | [council@cumberland.nsw.gov.au](mailto:council@cumberland.nsw.gov.au) |

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| **1. Site Details** | | | | | | | | | | | | | | | | |
| **Type of System:** | | |  | Cooling Water System | | | | | |  | | Warm Water System | | | | |
| **Address where the systems are installed:** | | | | | | | | | | | | | | | | |
| Street No: |  | | Street Name: | | | |  | | | | | | | | | |
| Suburb: |  | | | | | | | | | Postcode: | | | | | |  |
| **On-Site Contact Person (to facilitate site access/inspections):** | | | | | | | | | | | | | | | | |
| Contact Name: | |  | | | | | | | | | | | | | | |
| Phone Number: | |  | | | | | | Mobile No: | | | | |  | | | |
| Email Address: | |  | | | | | | | | | | | | | | |
| Emergency contact (afterhours) number: | | | | |  | | | | | | | | | |  | |
| **Air Conditioning/Mechanical Services Technician for Site:** | | | | | | | | | | | | | | | | |
| Company Name: | |  | | | | | | | | | ABN: | | |  | | |
| Phone Number: | |  | | | | Email: | | |  | | | | | | | |

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| **2. Notification Type** | | | |
|  | New System Installed – *Is a copy of the risk assessment attached?* |  | *Yes* |
|  | Change in Occupier or System Details | | |
|  | System Decommissioned – *Is a copy of the decommissioning report attached?* |  | Yes |

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| **3. System Details & Location** | | | | |
| Number of System/s on site: |  |  | | |
| **Location of System Within Site** | | | **No. of Units/Towers in System** | **System Type** |
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| **4. Postal Address (for service of notices/orders/invoices/etc.)** | | | | | | | |
| Postal Address: | | Unit no: |  | Street no: | |  | |
|  | Street Name: | |  | | | | |
|  | | Suburb: |  | | Postcode: | |  |

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| **5. Main Occupier Details** | | | | | | | | | |
| ***NOTE****: The Occupier is the company/person who owns or exclusively occupies the premises. If the Occupier has appointed a duly qualified person to manage the system on their behalf, then their details must also be provided (complete Section 6 below as well).* | | | | | | | | | |
| Occupier’s Name: |  | | | | | | | | |
| Occupiers ABN/ACN: |  | | | | | | | | |
| Home Phone Number: |  | | | Mobile No: | | |  | | |
| Business Number: |  | | |  | | | | | |
| Email Address: |  | | | | | | | | |
| Residential Address: | Unit no: | |  | | House no: | | |  | |
|  | | Street: |  | | | | | | |
|  | | Suburb: |  | | | Postcode: | | |  |

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| **6. Duly Qualified Person (DQP)** | | | | | | | |
| ***NOTE****: The Duly Qualified Person is a person or company appointed to manage the system on a routine basis.* | | | | | | | |
|  | **Same as above – go to Section 7** | | |  | **Different to above** **– fill in details below:** | | |
| Person/Company Name^: | | |  | | | | |
| *^Must be a sole trader or a corporation name (e.g. XYZ Pty. Ltd.)* | | | | | | | |
| ABN/ACN: | |  | | | | Phone No: |  |
| Email Address: | |  | | | | | |

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| **7. Applicant Authority** | | | |
| I hereby notify Cumberland City Council of the above information and declare the information provided to be correct. | | | |
| Applicant’s Signature: |  | Date: |  |
| Applicant’s Name: |  | Position: |  |

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| **8. Privacy** |
| The personal information that you have provided in this form is for Council purposes only. |

