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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  |

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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: |   |
| **Occupier Business Details:** |
| Business Trading Name:  |   |
| Company / Sole Trader Name: |   |
| ABN/ ACN: |   |
| Business Main Phone: |   | Business Email: |   |
| **On-Site Contact Person (to facilitate site access/inspections):** |
| Contact Name: |   |
| Phone Number: |   | Mobile No: |   |
| Email Address: |   |
| Emergency contact (afterhours) number: |   |  |
| **Postal Address** (If different from above)**:** |
| Street No: |   | Street Name: |   |
| Suburb: |   | Postcode: |   |

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| **2. Notification Type**  |
|[ ]  New System Installed – *Is a copy of the risk management plan available?*  |[ ]  *Yes* |
|[ ]  Change in Occupier or System Details  |
|[ ]  System Decommissioned – *Is a copy of the decommissioning report available?*  |[ ]  Yes |

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| **3. System Details & Location** |
| Number of System/s on site: |   |  |
| **Unique ID** (if known) | **Location of System Within Site** | **No. of Towers** | **System Type** |
|   |   |   |   |
|   |   |   |   |
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| **4. 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 5** |[ ]  **Different to above** **– fill in details below:** |
| Company Name/ Sole trader: |   |
| *^Must be a sole trader or a corporation name (e.g. XYZ Pty. Ltd.)* |
| ABN/ACN: |   | Phone No: |   |
| Email Address: |   |

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| **5. 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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| **6. Privacy**  |
| The personal information that you have provided in this form is for Council purposes only. |

