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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: | | | |  |
| **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. |

