

Approved form AF2002-243

Approved by the General Manager of the Health Protection Service
on 6.12.2002 under the

Public Health Act 1997, s137A

Public Health Act 1997—Form CT3

(see s56K)

Australian Capital Territory

Cooling Tower and Warm Water Registration Renewal Form

(See attached Cooling Tower and Warm Water Registration
Renewal Form)

Health Protection Service

Howard Florey Centenary House, 25 Mulley Street, Holder ACT 2611
Locked Bag 5, Weston Creek ACT 2611

Ph: 62051700

Fax: 62051705

ABN 88 407 290 295



COOLING TOWER OR WARM WATER REGISTRATION RENEWAL FORM

Section 56K Public Health Act 1997

Regist. No: Fee: File No: Expiry Date:

Please complete this form, sign it and return it with the prescribed fee. GST is not applicable under section 81-5 of the A New Tax System (Goods and Services Tax) Act 1999 (C'th).

Section 1 Registered Person/Company Details

1 Registered Person

Title	First Name	Surname
ABN	Company	

Please Note: To change the registered persons details you must either complete a transfer form or submit a new application

Section 2 Location of Registered System

2 Building Name where Registered System is Located

Name

3 Registered System's Address

Street No	Street
Suburb	Postcode

Section 3 Contact Details

4 Contact Details for the Registered Person/Company

Contact Person		
After Hrs	Phone	Mobile
Fax	Email	

Section 4 Postal Details

5 Postal Address for Registration Correspondence

Suburb	State	Postcode

Section 5 Equipment Details

6 Cooling tower or warm water storage system details

Name of Manufacturer	Model No.
Year of Manufacture	Serial No.

7 Have you made a significant modification to the system and not notified the Health Protection Service

Yes No

If Yes, a practicing engineer's certificate certifying the cooling tower's or warm water storage systems compliance to the ACT Cooling Tower and Warm Water Storage System Code of Practice 2000 must accompany the renewal in light of the significant modification.

Section 6 Premises Owner

8 Has there been a change of premises owner? (If Yes, please complete this section) Yes No

9 Person/Company who owns the premises where the cooling tower or warm water system is located

Name

10 Contact Details (for administrative purposes)

Contact Person	E-Mail	
Phone	Fax	Mobile

11 Physical Address

Shop No	Property Name
Street No	Street
Suburb	Postcode

12 Postal Address

Suburb	State	Postcode
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Section 7 Premises Manager

13 Has there been a change of premises manager? (If Yes, please complete this section) Yes No

14 Person/Company who manages the premises where the cooling tower or warm water system is located

Company
Name

15 Premises Manager's Contact Details (for administrative purposes)

Contact Person	E-Mail	
Phone	Fax	Mobile

16 Premises Manager's Address

Shop No	Property Name
Street No	Street
Suburb	Postcode

17 Premises Manager's Postal Address

Suburb	State	Postcode
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Section 8 Equipment Owner

18 Has there been a change of equipment owner? (If Yes, please complete this section)

Yes No

19 Person/Company who owns the cooling tower or warm water system

Company
Name

20 Equipment Owner's Contact Details (for administrative purposes)

Contact Person	E-Mail	
Phone	Fax	Mobile

21 Equipment Owner's Address

Shop No	Property Name
Street No	Street
Suburb	Postcode

22 Equipment Owner's Postal Address

Suburb	State	Postcode
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Section 9 Equipment Manager

23 Has there been a change of equipment manager? (If Yes, please complete this section)

Yes No

24 Person/Company who manages the cooling tower or warm water system

Company
Name

25 Equipment Manager's Contact Details (for administrative purposes)

Contact Person	E-Mail	
Phone	Fax	Mobile

26 Equipment Manager's Address

Shop No	Property Name
Street No	Street
Suburb	Postcode

27 Equipment Manager's Postal Address

Suburb	State	Postcode
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Section 10 Declaration

I declare that all the information supplied on this form is true and correct and the necessary records and / or documentation exist to support this application.

Signature of Registered

Person/Company _____

Date _____

Print Name _____

Position _____
Title _____

OFFICE USE ONLY

Registration Approved Yes No

Conditions Yes No

Officer's Signature _____ Date _____

Section 11 Payment

Payment Method - Please Tick (✓)

Cash

Cheque

Credit Card

Note: Cheques should be made payable to the Health Protection Service.

Type of Credit Card - Please Tick (✓)

Visa

Master Card

Bankcard

Credit Card No

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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Cardholders' Name _____

Fee

\$

I agree for the Health Protection Service to debit my account for the above fee.

Card Holder's Signature _____




Date _____

Daytime Phone No _____

How to Pay

	Phone: 6205 1700 (Please have your credit card and this notice ready when you call).		Fax: 6205 1705
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Note: You are still required to sign and return this form prior to the issue of your registration certificate.

	By Mail: Health Protection Service, Locked Bag 5, Weston Creek ACT 2611.		In Person: Health Protection Service, 25 Mulley Street, Holder ACT.
	Online: www.canberraconnect.act.gov.au		

OFFICE USE ONLY

File No: _____

Registration No _____