

**Service Tasmania Office use only:**

Product Code: 284  
 Fee collected  
 Applicant signed & dated  
 Designer signed & dated  
 Verifier signed & dated  
 Statement of limitations included  
 Drawings included



## Notification of Alterations to a Tasmanian Registered Plant Design (PRF3)

Please complete relevant sections and submit your application to Service Tasmania with the prescribed fee of **\$75.20** for each design alteration registration.

**Please tick one (1) plant design to which this alteration applies and complete all details**

<input type="checkbox"/> 1 Pressure Vessel (see note 1)	<input type="checkbox"/> 6 Hoist – see below	<input type="checkbox"/> 11 Crane hoist (see note 10)
<input type="checkbox"/> 2 Boiler (see note 2)	<input type="checkbox"/> 7 Amusement structure (see note 5)	<input type="checkbox"/> 12 Portal boom crane
<input type="checkbox"/> 3 Tower Crane	<input type="checkbox"/> 8 Prefabricated Scaffolding	<input type="checkbox"/> 13 Mobile crane (see note 11)
<input type="checkbox"/> 4 Work box (see note 3)	<input type="checkbox"/> 9 Boom type elevating work platform	<input type="checkbox"/> 14 Mine Winder
<input type="checkbox"/> 5 Lift/escalator/moving walk	<input type="checkbox"/> 10 Bridge crane/Gantry crane	

<input type="checkbox"/> 6 Hoist (see note 4)	<input type="checkbox"/> Vehicle hoist	<input type="checkbox"/> Building Maintenance unit
<input type="checkbox"/> Personnel & Material hoist	<input type="checkbox"/> Scaffolding hoist	<input type="checkbox"/> Mast climbing work platform
	<input type="checkbox"/> Scissor hoist	<input type="checkbox"/> Other

**Notifier of Design Alteration:** Representing: Designer  Manufacturer  Importer  Supplier  Employer  Owner   
 I, .....  
 Acting as agent for .....  
 Address.....Postcode.....  
 Phone:.....Fax:.....Email:.....  
 Hereby apply notify the Plant Design portrayed below. **I further state:-**

1. that the Design Verifier did not participate in the design to which this application applies, and
2. this alteration has not been registered, or an applications made for registration, with any other State or Territory

Signature.....Date.....  
 If the original plant design to which this notification applies is registered with another State or Territory, please indicate the State or Territory where it is registered and its registration number..... Registration No. ....

**Designer of Plant Alteration**

Name.....  
 Qualifications.....  
 Employed by.....  
 Address.....Postcode.....  
 Phone:.....Fax:.....Email.....  
 Please list title and author of documented design principles used in the design: .....  
 .....  
 Please list title and number of any published technical standards used in the design:.....  
 .....  
**I hereby verify that the design to which this application applies has been done in accordance with the above named technical standards and/or engineering principles and *Workplace Health and Safety Act 1995*.**

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

**Design Verifier's Statement**

I,.....being the holder of the following qualifications.....  
 acting as agent for.....(Employer).....  
 Address.....Postcode.....  
 Phone:.....Fax:.....Email.....  
 hereby verify that the design to which this application applies, has been produced in accordance with the above named published technical standards and/or engineering principles recorded by the designer in accordance with the *Workplace Health and Safety Act 1995*

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

**NATURE OF ALTERATION TO PLANT DESIGN**

.....  
.....  
.....  
.....

Is the alteration to ensure the safety of existing plant? If so, what is planned for the upgrading of existing plant?

.....  
.....  
.....

(Please attach explanation if insufficient space provided)

**ATTACHED REPRESENTATIONAL DRAWING (State Title and Drawing Number)**

.....  
.....  
.....

**Warning:** Any drawings submitted may be subject to Freedom of Information requests.

Information relating to trade secrets or other matters of commercial or financial nature should be marked 'TRADE SECRET'

**LOCATION OF PLANT (if known)**

.....  
.....Postcode:.....

Model number of plant.....

**A Statement of Limitations must be included with this application for registration of Plant Design to be finalised.**

(please attach with application)

**PAYMENT OF REGISTRATION**

1. To lodge your application, take it in person to a Service Tasmania Outlet.
2. You must ensure that your application form is completed correctly and you have all supporting documentation required (see application check list below)

**APPLICATION CHECKLIST**

- Ensure that your application form has been signed and dated by the Applicant, Designer and Design Verifier,
- Include a 'Statement of limitations',
- Attach a copy of a representational drawing,

Personal information we collect from you will be used by Workplace Standards Tasmania for that purpose and may be used for other purposes permitted by legislation and policies administered by Workplace Standards Tasmania. Your personal information may be disclosed to contractors and agents of Workplace Standards Tasmania; law enforcement agencies, courts and other public sector bodies or organisations authorised to collect it. This information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to this Department. You may be charged a fee for this service.