



OFFICE USE ONLY
Registered Plant Number

Lodgement Number

Form 203

Application for a

Replacement registration document

Regulation 288(2) Work Health and Safety (General) Regulations 2022

Registration holder details

Circumstances – tick the applicable box

Type of registration

Plant design ☐

Item of plant ☐

Design registration no.

Plant registration no.

Type of registration holder - select the entity type ('Individual' or 'Body corporate'). Complete registration holder details for one entity type only.

Individual ☐

Body corporate ☐

First name

Name of body corporate/company

Surname

Contact person

Business name (t/as)

Business name (t/as)

Email – Replacement registration is sent by email

Email – Replacement registration is sent by email

Phone

Phone

Address

Registered address

Street

Street

Suburb

Suburb

State

Postcode

State

Postcode

Lost ☐

Stolen ☐

Destroyed ☐

You must provide a description of the circumstances in which the registration was lost, stolen or destroyed.

Declaration by registration holder

False and misleading information

Section 268 of the Work Health and Safety Act 2020 provides for penalties of up to \$12,500 where a person knowingly gives information that is false or misleading.

- I _____
(Full name of individual registration holder / Director of a body corporate registration holder)
1. Declare that the information provided in this application is true and correct. I confirm the accuracy of the description of the circumstances in which the original registration was lost, stolen or destroyed; and
 2. Hereby make an application for a replacement registration document in accordance with regulation 288 of the Work Health and Safety (General) Regulations 2022.

Signature _____

Date _____

Method of payment

TAX INVOICE: Department of Local Government, Industry Regulation and Safety - ABN 48 723 237 878

CREDIT CARD PAYMENT DETAILS (Payment will appear as "WA Gov – DMIRS" on your bank statement)

Card Type	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	(Only Visa and Mastercard accepted)
Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card Holder	<input type="text"/>		Please print
Expiry Date	<input type="text"/>	<input type="text"/>	I authorise the Department to deduct the current prescribed fee*
Signature / Authorisation	<input type="text"/>	Date	<input type="text"/>
Cardholder's contact phone number:	<input type="text"/>		

*Fees are subject to change on 1 July of each year

Applications cannot be accepted by email to ensure privacy of payment details.

Lodgement

Post	Licensing Services Department of Local Government, Industry Regulation and Safety Locked Bag 14, Cloisters Square PERTH WA 6850
In person	Department of Local Government, Industry Regulation and Safety Level 1, Mason Bird Building 303 Sevenoaks Street, Cannington 8.30am - 4.30pm, Monday to Friday.

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Licence Number		Cashiering Code: WL	✓
Entered		Replacement Registration	Replacement
Audited		TOTAL FEE	\$