



**WorkSafe Western Australia**  
Occupational Safety and Health Regulations 1996

COMMISSIONER  
PO Box 294  
WEST PERTH WA 6872  
TELEPHONE (08) 9327 8777  
FAX (08) 9481 6497

Regulations 4.3 and 4.12  
**Application for Design Registration**  
APPLICATION FEE AS PER SCHEDULE 6.2

Registered Design Number	Plant Type Code
Inspector	Assessment Date
	/   /
Assessment Type Code	
Assess Time .....	Hrs
Verification .....	Hrs
Application Fee Paid	

**PRINT ALL DETAILS**

KIND OF PLANT [as per schedule 4.1]

DESCRIPTION OF PLANT [Type / Model Etc.]

DESIGN CODE  CLASS

**OFFICE USE ONLY**

**APPLICANT**

NAME .....  
ADDRESS .....  
Postcode .....  
Telephone No ..... Fax No .....

**DESIGNER**

NAME .....  
ADDRESS .....  
Postcode .....

**DESIGN VERIFIER**

NAME .....  
ADDRESS .....  
Postcode .....  
Telephone No ..... Fax No .....

**QUALIFICATION**

**DESIGN VERIFYING BODY** [only required for pressure equipment, as per AS3920.1]

NAME .....  
ADDRESS .....  
Postcode .....

I, representing the DESIGNER  MANUFACTURER  IMPORTER  [(✓) the appropriate box] of the aforementioned plant, submit this Application for Design Registration and request the issuing of the Evidence of Design Registration for the plant.

Name  Signature  Date

[Please Print]

The whole of the Occupational Safety and Health Act & Regulations, Codes of Practice and applicable Standards shall be complied with.

**Please complete an individual application form for each design.**

