# Application for registration of a cooling tower system

Cooling tower registrations Telephone: 1800 248 898 Fax: 1300 769 748 legionella@health.vic.gov.au

Please ensure that you print in BLOCK LETTERS and answer every question.

1. Site address:								
Complex name and address								
Please provide a site building name which helps identify the prem	nises							
Level/unit Level Unit	Street no from to							
Street name	Street type (ie avenue, street)							
Postal type (ie DX or PO box)	Postal delivery ID (PO box no)							
Locality (suburb)	Postcode							
This site already has a CTS registered with the Dep	partment of Health							
Note: This site address must be valid. We may contact you if it do	es not match LandVic data.							
2. Responsible person: (must be a person)								
Name of the responsible person who monitors any o	ongoing maintenance							
Title First name	Surname							
Phone Mobile	AH phone							
Email								
Fax Pager	Contact via email Yes No							
Responsible person's address and contact detials								
Level/unit Level Unit	Street no from to							
Street name	Street type (ie avenue, street)							
Postal type (ie DX or PO box)	Postal delivery ID (PO box no)							
Locality (suburb)	Postcode							
2 CTS detailer								
3. CTS details:	Area conved (i.e. houses of finance)							
Location (i.e on the roof)	Area served (i.e. how many floors)							
Nature of business (i.e. Education, Dairy Industry, Manufacturin	18)							
Number of towers								
Dhysical datails Durnass (	a sin a positi primer i poly obviola proposa positi positi positi pro							



### 4. Land owner details:

Name of the person/	organisation t	hat owns t	he land whe	ere the cooling	tower syst	ziii(8) is	o/ are	locatea.	
Title: Fin	st name:				Surname:				
Organisation name:			AB	BN:			ACN	:	
Land owner's register	ed office addı	ess and co	ntact detail	s					
Phone:		Mobile:			АН р	none:			
Email									
Fax		Pager			Contact via	email		Yes	No
Level/unit: Level	Un	it		Street no from	1		to		
Street name				Street type (ie	avenue, street	)			
Postal type (ie DX or PO b	oox)			Postal delivery	ID (PO box r	0)			
Locality (suburb)	Locality (suburb)						tcode		
Land owner's postal a	ddress. If the	same as re	egistered of	fice address, s	elect 'as ab	ove'.			
As above							_		
Level/unit Level	Un	it		Street no from	1		to		
Street name				Street type (ie	avenue, street	)			
Postal type (ie DX or PO b	oox)			Postal delivery	ID (PO box r	o)			
Locality (suburb)						Pos	tcode		
5. Agent: Name of the agent wh	no the landow	ner has allo	owed to act	on their behal	f.				
Name of the agent wh	no the landow	ner has allo	owed to act		<b>f.</b> Surname				
Name of the agent wh		ner has allo	owed to act				ACN		
Name of the agent what Title	st name		AB				ACN		
Name of the agent what Title Find Find Organisation name	st name		AB			none	ACN		
Name of the agent what Title Find Find Organisation name Agent's registered off	st name	nd contact	AB		Surname	none	ACN		
Name of the agent what Title Find Companisation name Agent's registered off Phone	st name	nd contact	AB	SN	Surname		ACN	Yes	No
Name of the agent what Title Find Conganisation name Agent's registered off Phone Email	st name	Mobile Pager	AB	SN	AH p		ACN	Yes	No
Name of the agent what Title Find Conganisation name Agent's registered off Phone Email Fax	ice address a	Mobile Pager	AB	SN	AH p  Contact via	email		Yes	No
Name of the agent what Title Find Organisation name Agent's registered off Phone Email Fax Level/unit: Level	ice address a	Mobile Pager	AB	Street no from	AH p  Contact via  avenue, street	email		Yes	No
Name of the agent who Title Find Organisation name Agent's registered off Phone Email Fax Level/unit: Level Street name	ice address a	Mobile Pager	AB	Street no from	AH p  Contact via  avenue, street	email )		Yes	No
Name of the agent who Title Find Organisation name Agent's registered off Phone Email Fax Level/unit: Level Street name Postal type (ie DX or PO to Postal type (ie DX or	ice address and Un	Mobile Pager	details	Street no from Street type (ie Postal delivery	AH p  Contact via  avenue, street	email )	to	Yes	No
Name of the agent who Title Find Organisation name Agent's registered off Phone Email Fax Level/unit: Level Street name Postal type (ie DX or PO Elevative) Locality (suburb)	ice address and Un	Mobile Pager	details	Street no from Street type (ie Postal delivery	AH p  Contact via  avenue, street	email )	to	Yes	No
Name of the agent who Title Find Organisation name Agent's registered off Phone Email Fax Level/unit: Level Street name Postal type (ie DX or PO to Locality (suburb) Agent's postal address	ice address and Un	Mobile Pager it as register	details	Street no from Street type (ie Postal delivery	AH p  Contact via  avenue, street  ID (PO box r  as above'.	email )	to	Yes	No
Name of the agent who Title Find Organisation name Agent's registered off Phone Email Fax Level/unit: Level Street name Postal type (ie DX or PO Elevative Street) Agent's postal addressing As above	Un	Mobile Pager it as register	details	Street no from Street type (ie Postal delivery	AH p  Contact via  avenue, street  ID (PO box r  as above'.	email  )  O)  Pos:	to	Yes	No
Name of the agent what Title	Un  Sox)  Un  Un	Mobile Pager it as register	details	Street no from Street type (ie Postal delivery	AH p  Contact via  avenue, street  ID (PO box r  as above'.	email  )  O)  Pos:	to	Yes	No



## 6. Cooling tower system owner

Name	of the coolin	g tower sys	tem ow	ner									
Title		First name						Surname					
Organis	sation name					ABN				ACI	N		
The co	oling tower	system own	ers reg	istered c	office add	dress	and contac	details					
Phone				Mobile				АΗ β	hone				
Email													
Fax				Pager				Contact via	emai			Yes	No
Level/u	unit: Level		Unit			5	Street no fron	ı		to			
Street r	name					5	Street type (ie	avenue, stree	et)				
Postal t	type (ie DX or F	PO box)				F	Postal deliver	/ ID (PO box	no)				
Locality	Locality (suburb)								P	ostcod	е		
Cooling	g tower syste	em owner's	postal	address.	If same	as re	gistered off	ce address	s, plea	se sele	ect 'a	s above'.	
As	s above												
Level/u	unit Level		Unit			S	Street no fron	ı		to			
Street r	name					5	Street type (ie	avenue, stree	et)				
Postal t	type (ie DX or F	O box)				F	Postal deliver	/ ID (PO box	no)				
Locality	y (suburb)								Р	ostcod	Э		
7. Wat	ter treatme	nt service	provio	ler:									
	of the water				for the o	coolin	g tower sys	em(s)					
Title		First name						Surname					
Organis	sation name					ABN				ACI	١		
The wa	ater treatme	nt service pr	oviders	registe	red office	e add	ress and co	ntact detai	s				
Phone	Phone Mobile						AH phone						
Email													
Fax				7									
				Pager				Contact via	emai			Yes	No
Level/u	unit Level		Unit	Pager		S	Street no fron		emai	to		Yes	No
Level/u Street r			Unit	Pager			Street no fron	1				Yes	No
Street r		20 box)	Unit	Pager		5		avenue, stree	et)			Yes	No
Street r	name	PO box)	Unit	Pager		5	Street type (ie	avenue, stree	no)		e	Yes	No
Street r Postal t Locality	name type (ie DX or F	·			address.	S F	Street type (ie	avenue, stree	no) P	to		Yes select 'as abo	
Street r Postal t Locality The wa	name type (ie DX or F	·			address.	S F	Street type (ie	avenue, stree	no) P	to			
Street r Postal t Locality The wa	name  type (ie DX or F y (suburb)  ater treatments above	·			address.	If sai	Street type (ie	avenue, streed / ID (PO box	no) P	to			
Street r Postal t Locality The wa	name  type (ie DX or F y (suburb)  ater treatments above unit Level	·	roviders		address.	If sai	Ostal deliver	avenue, streed / ID (PO box) ered office	no) P	to ostcode			
Street r Postal t Locality The wa Level/L Street r	name  type (ie DX or F y (suburb)  ater treatments above unit Level	nt service pr	roviders		address.	If said	Costal deliver  me as regist  Street no from	avenue, stree / ID (PO box ered office avenue, stree	no) P	to ostcode			



#### 8. Registration holder:

For the purposes of this application the registration holder is responsible for maintaining the ongoing registration affairs for the cooling tower system. The registration holder will be the primary contact. Please select one of the following to be deemed the registration holder: Land owner Agent Cooling tower system owner Water treatment provider Responsible person Registration term Please indicate the term of licence for which you are applying. Licence term: 1 year 2 years 3 years Fees Fee consists of an application fee that is non-refundable and a licence fee that is payable if your application is approved. The licence fee schedule is located on our website at www.health.vic.gov.au/environment/legionella/ DO NOT SEND IN PAYMENT - You will be invoiced when your application has been assessed. Acknowledgement As the applicant or the applicants authorised representative, I acknowledge that I have read the above notes and provided the required information Form completed by Date form completed **Contact Us** 

If you intend to post, fax or email this form please use the details provided below:

Registration and Licensing Department of Health GPO Box 4541 Melbourne, Victoria, 3001

Telephone: 1800 248 898 Fax: 1300 769 748

Email: legionella@health.vic.gov.au

Website: www.health.vic.gov.au/environment/legionella



#### **Privacy**

The Department of Health is bound by Victoria's privacy laws, including the *Information Privacy Act 2000*. The *Public Health & Wellbeing Act 2008* provides that an application for registration must include certain information.

We will use the personal information provided by you on this form to assess your application for registration and to monitor your compliance with the Act. If you do not provide us with information, we may not be able to assess your application. It is an offence for you to operate a Cooling Tower System unless your registration is current. You have the right under FOI legislation to apply for access to, and correction of, your personal information held by the Department of Health. For more information about how to make a request, please visit the Department of Human Services' FOI website at www.dhs.vic.gov.au/foi/ or call (03) 9606 8449.

Section 56 of the *Public Health & Wellbeing Act 2008* allows the Department to disclose information that it collects under the *Public Health & Wellbeing Act 2008* or the *Public Health & Wellbeing Regulations 2009* to certain persons and agencies (including the Health Services Commissioner, the Victorian Workcover Authority, the Commonwealth Health Insurance Commission and some practitioner registration boards) for the purpose of performing its statutory functions or to assist other government bodies to perform their functions.

#### False of Misleading Information

It is an offence to give information that is false or misleading. If you give false or misleading information, your application may be refused and/or you may be prosecuted and fined.

#### **Privacy Policy**

Personal information supplied by the applicant is collected, used and stored in accordance with the *Information Privacy Act 2000*. In accordance with the Department of Health's privacy policy and relevant laws, you may be able to gain access to any personal or health information held about you by the Department of Health.

A copy of the Department of Health's privacy policy can be obtained from its website.

