

# Cooling tower systems details change form

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

**These changes must be notified to the Department of Health within 30 days of the date of change or completion of the event:**

SITE ID  (REFER TO CERTIFICATE OF REGISTRATION)

COOLING TOWER SYSTEM NUMBER/S

Address of the land

Please complete parts A B C D E F or G as appropriate.

## Part A. Notification of new owner of the land

**Name of the person or organisation that owns the land where the cooling tower system(s) is/are located**

Name of person, partnership or company

Registered business name

ABN/ACN

**Postal address of the owner of the land**

Suburb/Town  State  Postcode

**Contact details of owner of the land, or owner's agent**

Name  Position

Telephone (BH)  Mobile  Telephone (AH)

Fax  Email address

Contact by email  Yes  No

Does the new owner of the land also own the cooling tower system?  Yes  No

## Part B. Notification of new owner of the cooling tower system

**Name of the person or organisation that owns the cooling tower system(s)**

Name of person, partnership or company

Registered business name

ABN/ACN

**Postal address of the owner of the cooling tower system**

Suburb/Town  State  Postcode

**Contact details of owner of the cooling tower system or owner's agent**

Name  Position   
Telephone (BH)  Mobile  Telephone (AH)   
Fax  Email address   
Contact by email  Yes  No

**Part C. Notification of new water treatment service provider**

**Name of the person or organisation who treats the water for the CTS**

Name of person, partnership or company   
Registered business name   
ABN/ACN

**Postal address for new water treatment service provider**

Suburb/Town  State  Postcode

**Contact details of new water treatment service provider**

Name  Position   
Telephone (BH)  Mobile  Telephone (AH)   
Fax  Email address   
Contact by email  Yes  No

**Part D. Notification of addition/deletions of a cooling tower system**

NUMBER OF COOLING TOWERS ADDED TO THE SYSTEM  NUMBER OF COOLING TOWERS REMOVED FROM THE SYSTEM  NUMBER OF COOLING TOWERS IN THE SYSTEM NOW   
Nature of business

**Part E. Notification of relocation of a cooling tower system**

**What is the location from which the Cooling tower System has been located from and located to**

Located from:  Located to:

**What is the purpose of the Cooling Tower System?**

Air conditioning  Industrial process  
 Refrigeration  Other (Please specify)

## Part F. Notification of change of licence term

Current licence term  1 year  2 years  3 years  
New licence term  1 year  2 years  3 years

\*Please note this change will appear on your next renewal notice

## Part G. Notification of change of registration holder

### Name of the person or organisation who was the previous registration holder

Name of person, partnership or company

Registered business name

ABN/ACN

### Name of the person who will be responsible for the ongoing registration affairs for the CTS

Name of person, partnership or company

Registered business name

ABN/ACN

### Postal address of the person who will be responsible for the ongoing registration affairs for the CTS

Suburb/Town  State  Postcode

### Contact details of the person who will be responsible for the ongoing registration affairs for the CTS

Name  Position

Telephone (BH)  Mobile  Telephone (AH)

Fax  Email address

Contact by email  Yes  No

Please select the capacity in which the above will be deemed the registration holder:

- Land owner  
 Agent  
 Cooling tower system owner  
 Water treatment provider  
 Responsible person

Print Name  Date