



## COOLING WATER SYSTEM RENEWAL REGISTRATION FORM 2018/2019

### REGISTRATION TYPE

**Existing Registrations: Please (x) the following**

- Renew registration of cooling water system(s)
- Modify business ownership details and/or maintenance and operation contact details of existing registration(s) of cooling water system(s) – please provide details of changes.

**Please indicate the total number of systems already registered:** \_\_\_\_\_

### SITE DETAILS

Registered Business Name \_\_\_\_\_

Address \_\_\_\_\_

Trading name of premises \_\_\_\_\_

Site (Street) Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_

Description of Business Activities \_\_\_\_\_

### OPERATION & MAINTENANCE CONTACT DETAILS

**Person/company responsible for operation & maintenance**  In-house  Contractor

Name of Business \_\_\_\_\_

**Name of the Contact Person**

Name \_\_\_\_\_

Position/Title \_\_\_\_\_

**Business Address**

Street Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Mob \_\_\_\_\_

**Residential Address**

Street Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_

**Additional after hours contact:** Name \_\_\_\_\_ Phone \_\_\_\_\_

**APPLICANT DETAILS**

Name of person submitting renewal registration form

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Position Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office Use Only**

Fee received: *(Receipt number and amount)* \_\_\_\_\_

Property Identification: \_\_\_\_\_

Date registered: \_\_\_\_\_

Registration expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed  
\_\_\_\_/\_\_\_\_/\_\_\_\_