

**APPLICATION FOR REGISTRATION OF PLANT DESIGN -  
PREFABRICATED SCAFFOLDING  
NEW DESIGN AND ALTERATION OF A DESIGN**

SafeWork SA

Enquiries 1300 365 255  
Internet safework.sa.gov.au  
Email licensing.safework@sa.gov.au  
Post GPO Box 465, Adelaide SA 5001  
ABN 50 560 588 327

*Work Health and Safety Act 2012 (SA)  
Work Health and Safety Regulations 2012 (SA)  
Regulation 243 'Plant design to be registered'  
Regulation 244 'Altered plant designs to be registered'*

**For help to complete this form, please refer to the Guide For Applicants - For Plant Design Registration available at [www.safework.sa.gov.au](http://www.safework.sa.gov.au)**

**1. FORM INSTRUCTIONS**

Technical standards may be used throughout this form to identify individual plant or set plant assessment criteria. Check that the plant design complies with these requirements before submitting this form to the regulator.

**2. APPLICATION TYPE**

Please tick applicable box:

**New Design**     **Alteration**

If "**Alteration**" please specify previous SA Registration or Approval Number:

Please select one of the following:

**Person that designs an item of plant:**

Please tick one of the following:     **Designer**     **Manufacturer**

**Person with management or control of an item of plant at a workplace:**

Please tick one of the following:     **Manufacturer**     **Importer**     **Supplier**     **Owner**

**3. APPLICANT DETAILS**

**Please tick if you reside outside of South Australia.** Please also attach a supporting letter explaining circumstances to justify the grant of registration (*Section 256 of the Work Health and Safety Regulations 2012 SA*).

ABN (Australian Business Number)

ACN (Australian Company Number)

Registered name of body corporate

Business registration (trading) name

Name of individual applicant or contact person for body corporate:

Family Name

Given Name(s)

Title

Address Details

Postcode

Postal Address (*Please print 'AS ABOVE' if the same as above*)

Postcode

Telephone No.

Mobile No.

Email

**4. PLANT DESIGN INFORMATION**

Name or description of Plant (including Plant type)

Model Number

Month / Year of Design or Alteration

**5. REPRESENTATION DRAWING INFORMATION**

(See Part 10 Supporting Documentation for more information)

Full Title(s)	Drawing Number(s)	Revision Number(s)

**6. PREFABRICATED SCAFFOLDING DETAILS**

Rated load per bay  kg Maximum height  m

Type (select one):  Modular  Tower - frame  Frame type

Design duty loading according to AS 1576:  Heavy  Medium  Light  Special

Maximum number of planked platforms at the maximum working height

Maximum number of planked platforms that can be loaded at the same time at the maximum working height for:

Heavy duty loads  Medium duty loads  Light duty loads

**7. DESIGNER'S STATEMENT / DECLARATION**

Please tick applicable box:

**Designer is located overseas:** Please include a separate statement, signed and dated from the plant designer and must be submitted with this application form. The statement must be in English or translated into English.  
(See Part 10 Supporting Documentation)

**The plant designer no longer exist or is unable to provide a signed and dated statement:** A letter detailing steps taken to contact the designer and a declaration must be completed by the Importer.  
(See Part 10 Supporting Documentation)

Business Name

Address Details

Postcode

Telephone

Email

**Details of published technical standards used or referenced in the design:** The designer cannot claim compliance with a standard unless the design is fully compliant with the standard.

Please tick applicable box:

**I used published technical standards.**

**I used engineering principles in the design:** Please attach details to this application form.  
(See Part 10 Supporting Documentation).

**7. DESIGNER'S STATEMENT / DECLARATION (cont.)**

Full Title(s)	Number(s)	Year of Publication(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date when design was completed

Qualification(s) of Designer

*I have complied with the designer's obligations under Section 22 of the Work Health and Safety Act 2012 (SA) in respect to the design of the plant.*

Name of Designer <input type="text"/>	Signature of Designer <input type="text"/>	Date <input type="text"/>
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**8. DETAILS OF DESIGN VERIFIER**

ABN (Australian Business Number) <input type="text"/>	ACN (Australian Company Number) <input type="text"/>
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Registered name of body corporate

Business registration (trading) name

Name of individual applicant or contact person for body corporate:

Family Name <input type="text"/>	Given Name(s) <input type="text"/>	Title <input type="text"/>
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Address Details <input type="text"/>	Postcode <input type="text"/>
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Postal Address (Please print 'AS ABOVE' if the same) <input type="text"/>	Postcode <input type="text"/>
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Telephone No. <input type="text"/>	Mobile No. <input type="text"/>
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Email

Qualification(s)

**9. DESIGN VERIFICATION STATEMENT**

Name or description of Plant (including Plant type) <input type="text"/>	Model Number <input type="text"/>
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**Representational Drawings used in this design verification are listed in Part 5 on this form.**

Standards and/or engineering principles used in the design

Full Title(s)	Number(s)	Year of Publication(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**9. DESIGN VERIFICATION STATEMENT (cont.)**

Design verification standards / codes

Full Title(s)

Number(s)

Year of Publication(s)




Design Calculations and/or other Documentation

Document Reference Number(s)

Document Reference Number(s)



Description of Design Alteration (if applicable)

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Conditions imposed by Design Verifier (if any - e.g. design criteria, including design life)

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Please confirm and tick applicable box:

- I acknowledge drawings (number and revision) listed under **Part 5** were used by me in my design verification.
- I have attached a separate design verification statement containing all the information required.  
**(See Part 10 Supporting Documentation)**
- I declare that I was not involved in the production of this design; and that the design was produced in accordance with the published technical standards and/or engineering principles specified in the designer's statement and the attached documents.
- I am eligible to be a design verifier for the design of the plant. I have documented the process used to verify the design and the results of that process. I have assessed design to the approved codes of practice in South Australia (Work Health and Safety Regulations 2012 (SA) Regulation 739)

Name of Design Verifier

Signature of Design Verifier

Date

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**10. SUPPORTING DOCUMENTATION**

Please tick applicable box and attach relevant supporting documentation:

- Representational drawings information (Part 5)**  
- Must be submitted in the English language and capable of being kept in an electronic form and all information of legible size.
- Designer is located overseas (Part 7)**  
- Must include a statement with 'I have complied with the designer's obligations under Section 22 of the Work Health and Safety Act 2012 (SA) in respect to the design of the plant'; dated and signed.  
- NOTE: The statement must be in English or translated into English.
- The plant designer no longer exist or is unable to provide a signed and dated statement (Part 7)**  
- A letter detailing steps taken to contact the designer and the following declaration must be completed by the Importer, 'I have complied with the importer's duties under Section 24 of the Work Health and Safety Act 2012 (SA), with consideration to the design of the plant'.
- Engineering principles used in the design (Part 7)**  
- Must include a summary of hazards identified and the risk control methods to eliminate or minimise the risks as required under the Work Health and Safety Act 2012 (SA).
- Design verification statement (Part 9)**  
- Must contain a description name and model of the plant design, design parameters, drawing number(s), any calculations and assessment to approved codes of practice.  
- The verification must include a review of the designers statement regarding the use of the design standards or engineering principles, the design calculations and any tests carried out to verify the design.

## 11. DECLARATION

### IMPORTANT INFORMATION

- There are serious consequences for providing misleading or false information about any matter relevant to your application.
- If you do not provide all of the information required, your application will be returned to you unprocessed.

### I DECLARE:

- I consent to SafeWork SA making enquiries and exchanging information with WHS regulators in other states, territories or the commonwealth regarding any matter relevant to this application.
- I declare that, to the best of my knowledge, the information provided in this application and supporting documentation is true and correct in every particular.
- The design of this item of plant is not currently registered with another jurisdiction operating under WHS legislation or corresponding WHS law.

Full Name of Applicant

Signature of Applicant

Date

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**TAX INVOICE - PAYMENT INFORMATION**  
**APPLICATION FOR REGISTRATION OF PLANT DESIGN -**  
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**12. PAYMENT OPTIONS**

Applicant Name

**APPLICATION FEE DUE: \$135.00** (Fee current to 30 June 2022)

*This fee is exempt from GST*

**APPLY BY EMAIL:**

Accepted payment type

1 - VISA or MasterCard  
(provide cardholder information below)

**NOTE:** Once your application has been assessed, SafeWork SA will contact you for payment.

**Send all documents to**

[licensing.safework@sa.gov.au](mailto:licensing.safework@sa.gov.au)  
(Total file size must be less than 20MB)

**APPLY BY POST:**

Accepted payment types

1 - VISA or MasterCard  
(provide cardholder information below)

2 - Cheque or money order  
(made out to SafeWork SA)

**Send all documents to**

SafeWork SA  
Licensing Unit  
GPO Box 465  
ADELAIDE SA 5001

**CARDHOLDER INFORMATION**

Name of cardholder (or if business name)

Signature of Card Holder

Name of person authorised to approve payment  
(if different to Card Holder name)

Contact telephone number

Date

Postal or email address for payer (receipts will be sent to this address)

I authorise SafeWork SA to deduct the amount of \$

SafeWork SA is unable to accept credit card details via email. Once your application has been assessed, SafeWork SA will contact you for payment.