

# Regulated systems registration application



City of HOBART

## When to use this form

Use this form to apply to register a regulated system.

For your application to be considered please provide the supporting documents listed below:

- a statement from a water system professional that states the maintenance program is suitable for the unit/system
- a statement from a water system professional that states a process which effectively disinfects the system is in operation

A registration fee applies which is based on the number of towers. Please refer to the [fees and charges](#). Once you have submitted this form an officer will contact you to arrange for payment to be taken.

For information specific to the control of Legionella and operation of systems you can refer to the [Guidelines for the Control of Legionella in Regulated Systems](#) and [Public Health Act 1997](#).

For further information you can contact us at [coh@hobartcity.com.au](mailto:coh@hobartcity.com.au) or on 6238 2715.

## Applicant's details

Are you applying as a registered company or business? (Select 1 option) Required

- registered company
- business

Operator's name (owner) Required

Complete this field if you selected 'registered company' in *Applicant's details: Are you applying as a registered company or business?*

ACN Required

Complete this field if you selected 'business' in *Applicant's details*: Are you applying as a registered company or business?

**ABN** Required

**Email address** Required

**Telephone number** Required

**Postal address** Required

#### On site contact

**First name** Required

**Last name** Required

**Email address** Required

Telephone number Required

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## Location

Address of unit(s) Required

How many units are at this location? (Select 1 option) Required

- 1
- 2
- 3
- 4

System type (Select 1 option) Required

- warm water
- cooling tower

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Complete this section if you:

- selected '1' in *Location : How many units are at this location?*

Or if you:

- selected '2' in *Location : How many units are at this location?*

Or if you:

- selected '3' in *Location : How many units are at this location?*

Or if you:

- selected '4' in *Location : How many units are at this location?*

## Unit 1 details

Make and model specifications Required

## Maintenance program details

Name Required

Email address Required

Telephone number Required

Postal address Required

Specifications of maintenance program Required

Attach statement Required



Please attach all files to the end of this form before submitting it.

Complete this section if you:

- selected '4' in *Location : How many units are at this location?*

Or if you:

- selected '3' in *Location : How many units are at this location?*

Or if you:

- selected '2' in *Location : How many units are at this location?*

## Unit 2 details

**Make and model specifications** Required

### Maintenance program details

**Name** Required

**Email address** Required

**Telephone number** Required

**Postal address** Required

**Specifications of maintenance program** Required

**Attach statement** Required



Please attach all files to the end of this form before submitting it.

Complete this section if you:

- selected '4' in *Location : How many units are at this location?*

Or if you:

- selected '3' in *Location : How many units are at this location?*

## Unit 3 details

Make and model specifications Required

## Maintenance program details

Name Required

Email address Required

Telephone number Required

Postal address Required

Specifications of maintenance program Required

Attach statement Required



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Complete this section if you selected '4' in *Location* : *How many units are at this location?*

## Unit 4 details

**Make and model specifications** Required

**Maintenance program details**

**Name** Required

**Email address** Required

**Telephone number** Required

**Postal address** Required

**Specifications of maintenance program** Required

**Attach statement** Required



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**Water system professional details (as approved by DHHS)**

Name Required

Email address Required

Telephone number Required

Postal address Required

Specifications of disinfection program Required

Attached statement Required



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## Declaration

**In making this application: (Select 1 or more options)**

- I declare the information I have provided is true, accurate and complete. Required
- I have provided a statement from a water system professional that states the maintenance program is suitable for the unit/system. Required
- I have provided a statement from a water system professional that states a process which effectively disinfects the system is in operation. Required
- I declare the current risk assessment for the system/s is valid and reflects the current design. Required
- I agree that by typing my name below I have signed this application. Required



**Name of signatory** Required

**Date** Required

(submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
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For information on how Council manages, handles and protects personal information it collects please refer to the [Privacy Statement and Policy](#).

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*End of form*

*Don't forget to attach all files before submitting this form*