



ACT
Government

ACT Health

Health Protection Service

Drinking Water Utility Licence

Use this form to apply for a licensable public health risk activity for the operation of a drinking water utility under the **Public Health Act 1997**.

View the Act and its regulations at legislation.act.gov.au/a/1997-69

How to complete this form

You are encouraged to discuss your plans for your drinking water utility with a Public Health Officer at the Health Protection Service before you submit your application..

Complete this form using a black or blue pen and return to the Health Protection Service with the appropriate fee (see Section E).

Attachments

This form requires you to submit attachments as part of the lodgement process:

- One form of photographic identification for each owner (or for the registered agent if applying as a company).
- If applying as a company - a current company extract (issued within the previous 30 days) from the Australian Securities and Investment Commission ASIC).
- Plans, specifications, demonstrations of compliance with **Australian Drinking Water Guidelines** and **Public Health (Drinking Water) Code Of Practice 2007 (No 1)**.

Contact us

Health Protection Service

Email: hps@act.gov.au
Phone: 02 5124 9700
Fax: 02 5124 5554

By post: Locked Bag 5005
WESTON CREEK ACT 2611
In person: 25 Mulley Street
HOLDER ACT 2611

Privacy

The collection of personal information is required for the purposes of issuing a licence under the *Public Health Act 1997*.

The Health Protection Service prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988 (Commonwealth)*.

If you have questions about how your information will be handled, please see the ACT Health Privacy Notice at health.act.gov.au/privacy or contact us.

Need an interpreter?

To speak to someone in a language other than English please telephone the Telephone Interpreter Service (TIS) on **131 450**.

Arabic: بالرقم إتصل مترجم إلى بحاجة كنت إذا : 13 14 50

Chinese: 如果您需要翻譯, 請致電 : 13 14 50

Croatian: Ako trebate tumača, nazovite: 13 14 50

English: If you need a translator, call 13 14 50

Greek: Αν χρειάζεστε διερμηνέα, τηλεφωνήστε: 13 14 50

Italian: Se hai bisogno di un interprete, chiamate: 13 14 50

Maltese: Jekk għandek bżonn ta 'interpretu, sejha: 13 14 50

Persian: فراخوان, است لازم شما اگر : 131 450

Polish: Jeśli potrzebujesz tłumacza, zadzwoń: 13 14 50

Portuguese: Se você precisar de um intérprete, ligue para: 13 14 50

Serbian: Ако треба тумача, назовите: 13 14 50

Spanish: Si usted necesita un intérprete, llame al: 13 14 50

Turkish: Eğer bir tercümana ihtiyacınız Arama: 13 14 50

Vietnamese: Nếu bạn cần một thông dịch viên, xin gọi: 13 14 50



Section A: Ownership type

The licence will be issued to the owner of the business, who is the person(s) who will have the overall responsibility for the business, including responsibility for any contraventions of the **Public Health Act 1997**.

Trusts will not be registered, companies operating as trustees for a trust will be licenced in the company name only.

Applications listing a partnership as the owner will not be accepted. If your business is operated by a partnership, one or more of the individuals of the partnership will need to be listed.

You are applying for a licence as (select 1):

- A corporation → **Complete section B**
- An individual (or individuals) → **Complete section C for each owner**

Section B: Owner details – Corporation

Complete this section **only** if you selected 'a corporation' in Section A.

Company name

As shown on your company extract

.....

Corporation type

- Company
- Incorporated association
- Government agency
- Registered charitable organisation

Australian Company Number (ACN):

Registered company address

Address

.....

Suburb State Postcode

Owner postal address

Address

.....

Suburb State Postcode

Owner phone numbers

Phone (BH) Phone (AH)

Mobile

Email (required)

Proof of identification

To protect public health, the Health Protection Service needs to be able to confirm the identity of applicants.

You must provide one piece of photographic identification for the authorised agent who is making the application.

The preferred types of identification are:

- Driver licence
- Passport
- Proof of Identity card or Proof of Age card

If you bring your identification to the Health Protection Service in person, we will make a copy for you.

I have attached photographic identification for the authorised agent.

Company extract

You must also provide a copy of a current company extract issued by the Australian Securities and Investment Commission (ASIC) **issued within the last 30 days**. The Company Extract includes details of the corporate, business names and trading names, present directorships and proprietorships of the company.

You can obtain a current company extract from ASIC at asic.gov.au

I have attached a current company extract issued within the last 30 days.

Declaration

This declaration must be made by the authorised agent of the corporation.

I,, confirm that the information supplied in this section is true and accurate, and understand that the provision of false or misleading information is an offence.

Position title

Signature of agent

Date

Section C: Owner details – Individual

Complete this section **only** if you selected **'an individual (or individuals)'** in Section A.

If there are multiple owners, make additional copies of this section for **each owner**.

Your full name

As shown on your photographic identification

Title (Mr, Ms) Given name(s)

Surname

Residential address

Address

.....

Suburb State Postcode

Owner postal address

Address

.....

Suburb State Postcode

Owner phone numbers

Phone (BH) Phone (AH)

Mobile

Email (required)

Proof of identification

To protect public health, the Health Protection Service needs to be able to confirm the identity of applicants.

You must provide one piece of photographic identification for each owner.

The preferred types of identification are:

- Driver licence
- Passport
- Proof of Identity card or Proof of Age card

If you bring your identification to the Health Protection Service in person, we will make a copy for you.

I have attached photographic identification for this owner.

Declaration

This declaration must be made by each owner.

I,, confirm that the information supplied in this section is true and accurate, and understand that the provision of false or misleading information is an offence.

Signature

Date

Section D: Business details

Trading name

What will your business be trading as?

.....

Physical address of business

Address

.....

Suburb State Postcode

Business on-site or primary contact person

Who can we contact about the day-to-day operation of the business?

Title (Mr, Ms) Given name(s)

Surname

On-site or primary contact person phone numbers

Phone (BH) Phone (AH)

Mobile

Email(required)

Business correspondence postal address

Address

.....

Suburb State Postcode

Section E: Fees and payment

Licence fee

Please contact the Health Protection Service or refer to the most recent fee determination for the applicable fee payable. Fee determinations are available on the ACT Legislation Register at legislation.act.gov.au/a/1997-69.

Fee payable

GST is not applicable under section 81-5 of the *A New Tax System (Goods and Services Tax) Act 1999*.

Payment method (fees under \$10,000)

- EFTPOS (in person at the Health Protection Service)
- Cheque
- Credit card (complete details below).

Payment method (fees over \$10,000)

- Cheque
- Invoice/bank transfer

Credit card details (if paying by credit card)

- I agree to this credit card being debited the required fee and the credit card details being destroyed after the transaction is processed.

Cardholder name

Signature

Date

Daytime phone

Credit card type

- Visa
- Mastercard

Credit card number

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Expiry (MM/YY)

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Section F: Declaration

I declare that:

- I am authorised to supply all the information in this form;
- that all the information supplied on this form is true and correct; and
- that there are necessary records and/or documentation to support this registration application.

I understand that failure to submit all required information and documentation may delay my application and that the provision of false or misleading information may be a criminal offence.

Name

Position title (If applying as a company)

Signature of agent Date

Section G: Checklist

It is recommended that you use the checklist below to ensure that your application is complete.

- I have completed Section A: Ownership type.
- I have completed Section B: Owner details – Corporation **or**
Section C: Owner details – Individual **for each listed owner.**
- I have attached certified identification for the authorised agent
(corporation owner) or **for each listed owner** (individual owner/s).
- I have completed Section D: Business details.
- I have attached a set of plans (or I have already submitted these to the
Health Protection Service).
- I have completed Section E: Fees and payment.
- I have attached payment.
- I have signed the declaration in Section F: Declaration.