

## Form 6o8ZZB

**Application to transfer a major amusement park licence**

V12.10.2022

Applicants must complete this form when applying to transfer a major amusement park (MAP) licence under s.6o8ZZB of the Work Health and Safety Regulation 2011.

**1 MAP information**

Trading name of major amusement park			
Location of major amusement park	Number	Street name	
	Suburb/locality		State Postcode
<b>Property data</b> <i>(Coordinate location of MAP's main entrance to 6 decimal places):</i>	Lot	Plan	
	Latitude	Longitude	
	Current MAP Licence number		

**2 Current MAP operator details**

Full entity name (i.e. Legal name)		
Business/trading name		
	ABN	ACN

The ABN or ACN must be attached to the legal name of the entity.

<b>Postal address</b>	PO Box or property name	
	Number	Street name
	Suburb/locality	
	State	Postcode

**3 Proposed MAP operator's identity**

Full entity name

Legal name for individuals, Australian registered business/company name for a body corporate (e.g. a Trust must list the Trustee i.e. John Smith as Trustee for David James Family Trust).
Note: If there is more than one person conducting a business or undertaking (PCBU) proposed to have management or control of the park and the power to direct the shut down of the whole park, the PCBUs may nominate one of them to be the operator of the park under s.6o8C (2) of the Work Health and Safety Regulation 2011 and provide the regulator with written notice consent has been given by the other PCBUs.

Business/trading name		
	ABN	ACN

The ABN or ACN must be attached to the legal name of the entity.

Legal address	Property name	
	Number	Street name
	Suburb/locality	
	State	Postcode

Registered postal address, leave blank if same as above

### 3 Proposed MAP operator's identity continued

<b>Postal address</b>	PO Box or property name
	Number                      Street name
	Suburb/locality
	State                                      Postcode

### Proposed MAP operator contacts

Contacts (please provide two contacts)

1	Name	
	Phone	Email
2	Name	
	Phone	Email

<b>Postal address</b>	PO Box or property name
	Number                      Street name
	Suburb/locality
	State                                      Postcode

### 4 Application declaration

I acknowledge that, prior to transferring a licence, the regulator must be satisfied the proposed operator will achieve a standard of health and safety in the operation of the park that is at least equivalent to the standard the current operator has achieved in accordance with s. 6o8ZZB. I understand that the regulator may request information from the proposed operator, including information that may ordinarily be required under a new application, such as that required under s.6o8ZE (2)(e) and (f). I understand that, during its assessment, the regulator will also consider any changes that may impact upon the safety case for the MAP.

I declare that:

- for a body corporate applicant only:
- I have authority from the body corporate to complete and submit this application
- I am the operator, or I am authorised by the operator, listed under section 2 of this form making an application to transfer the MAP licence identified in section 1 of this form to the proposed person/entity identified in section 3 of this form
- the information contained in the application is true and correct to the best of the operator's knowledge
- I acknowledge it is an offence under s.268 of the *Work Health and Safety Act 2011* to provide false or misleading information in this application or in any documents submitted in support of this application.

First name		Surname
Position:		
Signature:		Date:

## 5 Submitting the application

Please check that all fields in this form have been completed.

### Submit the application by:

#### Post

Engineering Services  
Specialised Health and Safety Services  
Office of Industrial Relations

PO Box 820  
Lutwyche QLD 4030

#### Electronically

- Email: [map.licensing@oir.qld.gov.au](mailto:map.licensing@oir.qld.gov.au)
- USB storage devices can be mailed
- A secure file share platform is also available (contact your Engineering Services case officer)

### Privacy statement

The Queensland Government is collecting personal information on this form under s.6o8ZZB of the Work Health and Safety Regulation 2011. The Queensland Government may disclose this information as needed to other Commonwealth, state or territory entities as required in the administration of equivalent Acts, prescribed Acts or for the purpose of public safety as required under s.271 of the *Work Health and Safety Act 2011*. The application is also subject to the rights and protections afforded under the *Right to Information Act 2009*. PN12703

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AEU 22/5166