

Form 6o8ZZC

Application to cancel a major amusement park licence

V12.10.2022

Applicants must complete this form when applying to cancel a major amusement park (MAP) licence under s.6o8ZZC 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
Property data <i>(Coordinate location of MAP's main entrance to 6 decimal places):</i>	Lot	Plan	
	Latitude	Longitude	
	Current MAP Licence number		

2 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.

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

3 Basis for requesting a licence cancellation

Tick the options that apply and provide evidence to support your application. Evidence may include details on decommissioned or dismantled amusement devices and that there are no plans to recommission or install new amusement devices at the park.

<input type="checkbox"/> The park is permanently closed. <input type="checkbox"/> There are fewer than four (4) amusement devices at the park. <input type="checkbox"/> There are no amusement devices at the park that are: <ul style="list-style-type: none"> • classified by section 2.1 of AS 3533 as a class 3, class 4 or class 5 device; or • a high structure water slide. <input type="checkbox"/> Other, please describe:

4 Licence application declaration

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 cancel the major amusement park licence listed under section 1 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

- Evidence has been provided to support 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
- 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.608ZZC 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*. PN12704