

Form 601

Application to cancel a major hazard facility (MHF) licence

V01.07.2023

Applicants must complete this form when applying to cancel a MHF licence under s.601 of the *Work Health and Safety (WHS) Regulation 2011*. This form has been approved by the Regulator under s.601 of the *WHS Regulation 2011*.

1 MHF information

Trading name			
Location	Number	Street name	
	Suburb/locality	State	Postcode
Property data	Lot	Plan	
	Latitude	Longitude	
	<i>(Coordinate location of MHF's main entrance to six decimal places.)</i>		
Licence number			

2 MHF operator

Full entity name (i.e. legal name)			
Business/trading name	ABN	ACN	
	<i>The ABN or ACN must be attached to the legal name of the entity.</i>		
Postal address	PO Box or property name		
	Number	Street name	
	Suburb/locality		
	State	Postcode	

3 Basis for application for a licence cancellation

Tick the options that apply and provide evidence to support your application. Attach a time line of the proposed changes which demonstrate how the facility will manage the process of a reduction in schedule 15 chemicals and when each stage will be complete. Provide any further information that will substantiate the operators rational for the removal of the facilities determination as a MHF.

- The facility is permanently closed with no schedule 15 chemicals on site.
- Schedule 15 chemicals are present or likely to be present on site in a quantity that does not exceed 10 per cent of the threshold quantity.
- Schedule 15 chemicals are present or likely to be present on site in a quantity that exceeds 10 per cent of the threshold quantity but does not exceed the threshold quantity and it is unlikely that a major incident will occur at the facility.
- Other, please describe:

4 Licence cancellation declaration

I declare that:

- for a body corporate applicant only
 I have authority from the body corporate to complete and submit this application
- 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 *WHS Act 2011* to provide false and misleading information in this application or in any documents submitted in support of this application.

Full name	
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.

- **Post:**
Major Hazard Facilities
Specialised Health and Safety Services
Office of Industrial Relations
PO Box 820
Lutwyche QLD 4030
- **Email:** MHF@oir.qld.gov.au.
- **USB:** can be posted to the above address.
- **Secure file share platform:** contact your MHF case officer.

Privacy statement

The Queensland Government is collecting personal information on this form under s.601 of the *WHS 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 *WHS Act 2011*. The application is also subject to the rights and protections afforded under the *Right To Information Act 2009*.