



Government of **Western Australia**  
Department of **Mines and Petroleum**  
Resources Safety

# Application for facility operator registration

*Petroleum (Submerged Lands) Act 1982*

100 Plain Street, East Perth WA 6004  
psb@dmp.wa.gov.au  
www.dmp.wa.gov.au/ResourcesSafety

## 1. Name of the facility (vessel or structure)

This is a nomination of a Facility Operator for the  facility under the Western Australian *Petroleum (Submerged Lands) Act 1982*.

Nomination of the facility operator can only be made by either the facility owner, charterer or lessee or the permittee, lessee or licensee. Depending on who you represent, complete either section 2 or sections 3 and 4 below.

## 2. This section is to be completed by the facility owner, charterer or lessee

I – Surname  Given names  being the  
(position)  of  
(name of facility owner, charterer or lessee)  being the  
 owner  charterer  lessee of the (name of facility)  facility  
nominate (name of operator)  as the operator of this facility.

Signature  Date  /  /

Postal address

## 3. This section is to be completed by the title holder (permittee, lessee or licensee) in relation to the facility

I – Surname  Given names  being the  
(position)  of (name of titleholder)  being the  
titleholder of the (name of facility)  facility  
nominate (name of operator)  as the operator of this facility.

Signature  Date  /  /

Postal address

## 4. List of all other titleholder(s)

In accepting this nomination, the person who has been nominated as operator is accepting that they have, or will have, day-to-day management and control of the facility and operations at the facility. For this nomination to be valid, please ensure that the Nominee Acceptance section is completed.

*Please note: The Operator bears duties under Schedule 5 of the Western Australian Petroleum (Submerged Lands) Act 1982.*

**5. Nominee acceptance of nomination as operator**

I – Surname  Given names  being the  
(position)  of (name of nominated operator)  consent  
on behalf of (name of nominated operator)  to its nomination as operator of  
(name of facility)  facility.

Signature  Date  /  /

**6. Please complete all the fields in this section**

**Operator's contact details**

Nominated contact person

Surname  Given names

- Please enter the operator's principal place of business.
- If the Operator's principal place of business is not in Australia, then provide address details of the principal place of business overseas.
- Contact numbers should be at the place of business specified in the address.

Business hours   
Business address   
Postal address   
Phone (business hours)  Facsimile (business hours)   
Email address (business hours)   
Phone (after hours)  Facsimile (after hours)   
Operator ACN (if applicable)   
ABN (if applicable)   
ARBN (if applicable)   
ARSN (if applicable)

**Application lodgement**

The completed application form is to be mailed or couriered to:

Director Petroleum Safety  
Resources Safety  
Department of Mines and Petroleum  
100 Plain Street  
East Perth WA 6004.