



OFFICE USE ONLY  
Registered Plant Number

Lodgement Number

# Form 203

## Application for a

### Replacement registration document

Regulation 288(2) Work Health and Safety (General) Regulations 2022

#### Registration holder details

**Circumstances – tick the applicable box**

**Type of registration**

Plant design

Item of plant

Design registration no.

Plant registration no.

**Type of registration holder** - select the entity type ('Individual' or 'Body corporate'). Complete registration holder details for one entity type only.

Individual

Body corporate

**First name**

**Name of body corporate/company**

**Surname**

**Contact person**

**Business name (t/as)**

**Business name (t/as)**

**Email – Replacement registration is sent by email**

**Email – Replacement registration is sent by email**

**Phone**

**Phone**

**Address**

**Registered address**

**Street**

**Street**

**Suburb**

**Suburb**

**State**

**Postcode**

**State**

**Postcode**

Lost

Stolen

Destroyed

*You must provide a description of the circumstances in which the registration was lost, stolen or destroyed.*

