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| Cooling tower system change of details form |
| Department of Health Victoria |
|  |

**Email**:  legionella@health.vic.gov.au

Changes must be notified to the Department of Health within 30 days under section 87 of the *Public Health and Wellbeing Act 2008.*

|  |  |
| --- | --- |
| **Site ID**(Refer to Certificate of Registration):  |  |
| **Cooling Tower System Number/s:**  |  |

**Address of the land:**

|  |
| --- |
|  |
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This form may be used to update:

* Part A - Landowner or landowner’s agent (e.g. property management company)
* Part B - Cooling tower system owner
* Part C - Water treatment provider
* Part D - Responsible person (responsible for ongoing maintenance of the cooling tower system)
* Part E - Registration holder (will receive invoices, reminders, and registration certificates).
* Part F - Registration term (1, 2, or 3 years)
* Part G - Adding or removing a tower in a cooling tower system
* Part H - Relocation of a cooling tower system elsewhere on the site

**Please complete parts A B C D E F G or H as appropriate.**

#### Part A. Notification of new owner of the land

**Name of the person or organisation that owns the land where the cooling tower system(s) is/are located.**

|  |  |
| --- | --- |
| **Name of person, partnership or company.** |  |
| **Registered business name.**  |  |
| **ABN/ACN.**  |  |

**Postal address of the owner of the land**

|  |
| --- |
|  |
| Suburb/Town | State | Postcode |

**Contact details of owner of the land, or landowner’s agent**

|  |  |
| --- | --- |
| **Name**  |  |
| **Position** |  |
| **Mobile number**  |  |
| **AH number** |  |
| **Email address** |  |
| **Is this person** | [ ]  Landowner?[ ]  Landowner’s agent? |

**Does the new owner of the land also own the cooling tower system?**

* Yes
* No

#### Part B. Notification of new owner of the cooling tower system

**Name of the person or organisation that owns the cooling tower system(s)**

|  |  |
| --- | --- |
| **Name of person, partnership or company.** |  |
| **Registered business name.**  |  |
| **ABN/ACN.**  |  |

**Postal address of the owner of the cooling tower system**

|  |
| --- |
|  |
| Suburb/Town | State | Postcode |

**Contact details of owner of the cooling tower system**

|  |  |
| --- | --- |
| **Name**  |  |
| **Position** |  |
| **Mobile number**  |  |
| **AH number** |  |
| **Email address** |  |

#### Part C. Notification of new water treatment service provider

**Name of the person or organisation who treats the water for the cooling tower system**

|  |  |
| --- | --- |
| **Name of person, partnership or company.** |  |
| **Registered business name.**  |  |
| **ABN/ACN.**  |  |

**Postal address for new water treatment service provider.**

|  |
| --- |
|  |
| Suburb/Town | State | Postcode |

**Contact details of new water treatment service provider.**

|  |  |
| --- | --- |
| **Name**  |  |
| **Position** |  |
| **Mobile number**  |  |
| **AH number** |  |
| **Email address** |  |

#### Part D. Notification of new responsible person

**Name of the person responsible for the ongoing maintenance of the cooling tower system.**

**This must be an individual person, not a company.**

|  |  |
| --- | --- |
| **Name of new responsible person** |  |

**Postal address for responsible person**

|  |
| --- |
|  |
| Suburb/Town | State | Postcode |

**Contact details of new responsible person**

|  |  |
| --- | --- |
| **Name**  |  |
| **Position** |  |
| **Mobile number**  |  |
| **AH number** |  |
| **Email address** |  |

#### Part E. Notification of change of registration holder

**Name of the person or organisation who will receive all invoices, reminders and registration certificates for the cooling tower system**

|  |  |
| --- | --- |
| **Name of person, partnership or company.** |  |
| **Registered business name.**  |  |
| **ABN/ACN.**  |  |

**Postal address of the person or organisation who will receive all invoices, reminders and registration certificates for the cooling tower system**

|  |
| --- |
|  |
| Suburb/Town | State | Postcode |

**Contact details of the person or organisation who will receive all invoices, reminders and registration certificates for the cooling tower system**

|  |  |
| --- | --- |
| **Name**  |  |
| **Position** |  |
| **Mobile number**  |  |
| **AH number** |  |
| **Email address** |  |

**Please select the capacity in which the above will be deemed the registration holder:**

* Landowner
* Landowner’s agent
* Cooling tower system owner
* Water treatment provider
* Responsible person

#### Part F. Notification of addition or removal of towers in a cooling tower system

|  |  |
| --- | --- |
| Number of cooling towers added to the system: |  |
| Number of cooling towers removed from the system: |  |
| Number of cooling towers in the system now: |  |

|  |  |
| --- | --- |
| Nature of the business  |  |

#### Part G. Notification of relocation of a cooling tower system

**Location details**

|  |  |
| --- | --- |
| Relocated from: |  |
| Relocated to: |  |

**What is the purpose of the Cooling Tower System?**

* Air-conditioning
* Refrigeration
* Industrial process

|  |
| --- |
|  |

* Other (please specify)

#### Part H. Notification of change of registration term

|  |  |  |  |
| --- | --- | --- | --- |
| Current registration term: | 1 Year  | 2 Years | 3 Years  |

|  |  |  |  |
| --- | --- | --- | --- |
| New registration term: | 1 Year | 2 Years | 3 Years |

\*Please note this change will appear on your next renewal notice

#### Change of details submitted by:

|  |  |  |  |
| --- | --- | --- | --- |
| **Print name** |  | **Date** |  |

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