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| Current Systems Permit No: | | | | | |
| Are you seeking to amend the scope of your current Permit? | | | Yes | | No |
| Type of Amendment: | Change of Technical Nominee | | Add | Remove Technician | |
| **You must provide details for Change of Technical Nominee or the Added Technician** | | | | | |
|  | | | | | |
| Fire Protection System Re-application to | | Install | Maintain | | Repair |

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| **Type of System/s this application relates to:** | |
| Automatic Fire Sprinkler System | Smoke Detection Systems |
| Automatic Fire Detection & Alarm System | Sound System & Intercom System for Emergency purposes |
| Fire Extinguishing System | Other – Please describe below |
|  |  |

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| --- | --- |
| **Applicant Details (These details are mandatory, please provide all details requested)** | |
| Name of Applicant |  |
| Name of Company |  |
| Postal Address |  |
| Telephone (Business Hours) |  |
| Telephone (After Hours) |  |
| Mobile |  |
| Email |  |
| ABN |  |

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| **Are you an accredited building practitioner?** | No | Yes | Accreditation No. CC |

The Permit holder is responsible for all aspects of work relating to this Permit. As part of the Re-application process, please address the following:

1. When installing, maintaining and/or repairing a fire protection system, the Permit holder must conduct work strictly in accordance with the relevant requirements detailed in the [Tasmania Fire Service “Fire Protection Systems – Code of Practice](https://www.fire.tas.gov.au/userfiles/leighr/file/20220705%20-%20Code%20of%20Practice%20reloaded/TFS%20Code%20of%20Practice%20-%20Decembe~n%202_1%20(Inc_%20ASE%20Installations).PDF)
2. Do you understand and agree to comply with the relevant sections of the Code?

Yes  No

1. Do you have any new employees that now undertake work that were not listed on your previous Permit Application. Have you included all details and documents required?

☐ Yes ☐ No

1. Have any new staff members been fully briefed about their roles and responsibilities working for a Permit holder?

☐ Yes ☐ No

1. Please provide details of adequate after-hours service contact details:

|  |  |  |
| --- | --- | --- |
| Name | Mobile | Email |
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| **DECLARATIONS** |

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| **Wet Permit Applicant Declaration** |
| Print Name: of |
| And holding the position of |
| Signed |
| Dated |

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| **Dry Permit Applicant Declaration** |
| Print Name: of |
| And holding the position of |
| Signed |
| Dated |

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| **Gaseous Permit Applicant Declaration** |
| Print Name: of |
| And holding the position of |
| Signed |
| Dated |

Please email your completed application to [buildingsafety@fire.tas.gov.au](mailto:buildingsafety@fire.tas.gov.au)

An invoice will be provided to you and on receipt of your payment, your application will be processed accordingly. Our fees can be found here: [Permit Fees and Charges 2024-2025](https://www.fire.tas.gov.au/userfiles/saraha/file/20230630/Permit%20Fees%20and%20Charges%202023-2024.pdf)

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| **PERMIT SERVICE SCHEDULE**  Work completed in the last 12 months | | | | |
| Premises  (provide all information required to accurately identify the premises) | Type of Systems  (e.g. Sprinkler) | Date work conducted | Work conducted  (e.g. new installation, routine service etc) | By Whom  (who conducted work) |
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