

Safety zone variation or revocation application

This is a statutorily approved from and may not be amended.

An asterisk indicates a mandatory field. Your application may be invalid if mandatory fields are not completed.

Part 1– Details of person making the application				
Name: *		Surname: *		
Organisation:		Position title	e:	
Email: *		Contact nur	mber: *	
Business address:				
City:		State:		
Postcode:			,	
Part 2- Nominated con	ntact person			
Use the above				
Name:		Surname:		
Organisation:		Position title	e:	
Email:		Contact nur	mber:	
Business address:				
City:		State:		
Postcode:			·	
Part 3– Licence identification				
Licence number: *				
Part 4— Type of application				
Type of application: *				
Part 5– Details of existing safety zone				
Safety zone reference:			(These references can be found on the OIR website)	



Part 6– Attachments				
1.	Completed safety zone application supporting details: *			
2.	Consultation summary report: *			
3.	Location map (file size preferably no larger than 2MB in a JPG (.jpg, .jpeg) or PNG (.png) format: *			
Part 7– Application fee				
Application fee paid:*				
I acknowledge that, in addition to the application fee, a safety zone variation or revocation assessment fee may also be payable as set out under the Offshore Electricity Infrastructure Regulations 2022 □				
Part 8 – Applicant declaration				
I acknowledge that supplying false or misleading information to a Commonwealth entity is an offence under the				
Criminal Code Act 1995* □				
I make this application under the Offshore Electricity Infrastructure Regulations				
2022*.				