

**I / We hereby make application to operate the following device:**

Inflatable Device Operator Name: \_\_\_\_\_

Description of Device: \_\_\_\_\_

to be operated within the Mid-Coast Council area, between \_\_\_\_\_ and \_\_\_\_\_ (dates)

at (location / event name): \_\_\_\_\_

*(a separate application must be submitted for each amusement ride)*

**This application must be accompanied by a copy of the following:**

**Office Use Only:**

<ul style="list-style-type: none"> <li>The Operator's Public Liability Insurance Certificate of Currency (minimum \$20 million any one occurrence), noting Council's interests and the event where possible. <i>Note: Council may require additional evidence be submitted to confirm adequate insurance cover is held.</i></li> </ul>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
<ul style="list-style-type: none"> <li>The Operator's Registration Certificate (where applicable in accordance with the <a href="#">Work Health and Safety Regulation 2017</a>).</li> </ul>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
<ul style="list-style-type: none"> <li>The Operator's risk assessment for the subject activity.</li> </ul>	YES <input type="checkbox"/> / NO <input type="checkbox"/>

**I declare that (*Operator to tick to confirm compliance*):**

**Operator to tick:**

<ul style="list-style-type: none"> <li>The Operator is adequately skilled, trained and qualified for the proposed activity / operations, including compliant with Working with Children Checks.</li> </ul>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
<ul style="list-style-type: none"> <li>All requirements of the <a href="#">Work Health and Safety Regulation 2017</a> have been / will be met, including a current log book being kept for this device satisfying the requirements of <a href="#">section 242 Work Health and Safety Regulation 2017</a>.</li> </ul>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
<ul style="list-style-type: none"> <li>The device is adequate for the intended use and it will be securely affixed by the Operator to a suitable surface, in a safe location and in accordance with manufacturer specifications.</li> </ul>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
<ul style="list-style-type: none"> <li>The device will be managed by the Operator at all times for the duration of the activity / event, including in extreme weather conditions, in accordance with manufacturer specifications and requirements.</li> </ul>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
<ul style="list-style-type: none"> <li>The operation and use of the inflatable device will be supervised by the Operator at all times for the duration of the activity / event.</li> </ul>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
<ul style="list-style-type: none"> <li>All necessary checks have been, or will be, undertaken to ensure that underground services located on the subject Council land, such as power, water, sewer and irrigation, will not be impacted by stakes and the like being driven into the ground to secure the device etc. (<i>Note: this may involve undertaking a Dial Before You Dig - liaise with the event organiser and/or relevant Council staff</i>).</li> </ul>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
<ul style="list-style-type: none"> <li>The Operator will comply with all other relevant legal and safety requirements associated with the erection, operation and maintenance of the device, as well as any other conditions imposed by Council.</li> </ul>	YES <input type="checkbox"/> / NO <input type="checkbox"/>

*Note: Council may require the Inflatable Device Operator to provide additional information or comply with additional requirements where deemed necessary.*

**Operator Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Operator Signature:** \_\_\_\_\_

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