6. Design verification statement

Details of design verifier

Title (☐ Dr, ☐ Mr, ☐ Mrs, ☐ Miss, ☐ Ms)

First given name	Other given name (if applicable)	Family name/surname
Qualifications or design experience relevant to this design (include professional association membership if applicable)		
Organisation or company name		
Were the designer and design verifier engaged by the same organisation? If Yes, please provide a copy of the certification of the quality management system. (Tick appropriate box). Yes ☐ No ☐ If yes, provide certificate number and expiry date:		

Address

Unit number / Street number / Street name

Suburb	State	Postcode

Did another person(s) assist with the design verification? If Yes, please provide additional copies of this page for each design verifier.

Yes ☐ No ☐

Details of plant

Description of plant	
Name of manufacturer	
Manufacturer's model number	
Published technical standard(s) or engineering principle(s) used for the design	
Representational drawing title	
Representational drawing number Revision number or date	

7. Declaration of design verifier

I declare that:

- I am eligible to be a design verifier for the design of the plant
- the design was produced in accordance with the technical standard(s) or engineering principle(s) listed by the designer
- I have documented the process used to verify the design and the results of that process.

Name in full *(please print)*	
Signature	Date

Privacy statement

Workplace Health and Safety Queensland is collecting your personal information in order to process your application for design registration of plant in accordance with the *Work Health and Safety Act 2011*. It is our usual practice to disclose this information to the applicable Commonwealth, state or territory health and safety regulator/s in order to obtain information relevant to making a decision on your application. Our office may only disclose information with the authority of the applicant or as allowed in section 263 of the Work Health and Safety Regulation 2011.