**Application for a variation of**

**M3**

**Compliance Certificate**

**Please complete this form when:**

* **the name of the owner is to change due to sale or transfer of the premises,**
* **the owner would like to vary the swimming pool/spa enclosure, or**
* **the swimming pool/spa is to be decommissioned or removed.**

**1 Address of pool/spa**

|  |  |
| --- | --- |
| **Premises where pool is located:**  |  |

**2 About you** All owners must provide details and MUST supply all given names

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Your name** | *Applicant 1* | Title |  | Given names |  |
|  |  |  |  | Surname |  |
|  |  |  |  |  |  |
|  | *Applicant 2* | Title |  | Given names |  |
|  |  |  |  | Surname |  |
| **Your address** | Residential |  |
|  | Postal |  |
| **Your phone number**  | Work |  | Home  |  | Mobile |  |
| **2 3 Property details** **This property is: [ ]  for sale [ ]  for rental [ ]  owner-occupied** |

**4 Where would you like the Compliance Certificate to be sent?**

|  |  |  |
| --- | --- | --- |
| **Email** | [ ]  | Details: |
| **Agent i.e. conveyancer** | [ ]  |
| **Post** | [ ]  |

**5 Application** \*Circle or tick where applicable – NOTE: all owners must sign (or agent)

**NORTHERN TERRITORY OF AUSTRALIA *Swimming Pool Safety Act*  – Section 19, Regulation 14**

|  |
| --- |
| 1. \*I / We apply for a Variation of the Compliance Certificate for the premises specified in this Application.  |

2. \*I / We understand that in order for the Swimming Pool Safety Authority to vary my certificate a Pool Safety Adviser may need to visit my/our premises.

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |
| --- |
| [ ]  Change of ownership. |
| [ ]  Variation of the compliant barrier configuration and/or replacement of the pool/spa. |
| [ ]  The pool/spa will be removed/decommissioned however the property will not be sold.Other Information………………………………………………………………………………………………………………………………………………………… |

 |
| Signed:……………………………………………………………….(Applicant 1 or agent) | Signed:………………………………………………………………….(Applicant 2) |

**6 How to send the completed form** any of the below methods may be used

|  |  |  |
| --- | --- | --- |
| **Email** | **Deliver to** | **Post** |
| **pool.fencing@nt.gov.au****Fax****08 8923 7604** | **Floor 1 Energy House****18-20 Cavenagh Street** Darwin | **Swimming Pool Fencing Unit****GPO Box 1680Darwin NT 0801** |

**Please note it takes approximately 5 working days for our office to process applications.**

**Privacy Statement:** The Information Privacy Principles, as scheduled in the [*Northern Territory Information Act*](http://notes.nt.gov.au/dcm/legislat/legislat.nsf/d989974724db65b1482561cf0017cbd2/3d7695a9c0d7c11d69257d4f000e1af2?OpenDocument), protect the privacy of personal information held by government by ensuring that it may only collect information necessary for its functions, activities and services. For further information on the Northern Territory Government’s Privacy Statement, go to: [www.nt.gov.au/ntg/privacy.shtml](http://www.nt.gov.au/ntg/privacy.shtml).