

THE FACTORIES ACT: VOLUME VI
APPLICATION FOR REGISTRATION OR RE-REGISTRATION

Chief Factory Inspector
Ministry of Labour, Social Security & Sport
1F North Street
P.O. Box 481
Kingston

Dear Sir/Madam:

I hereby apply for *Registration/Re-Registration, under the Factories Act, of a factory particulars of which are given below:-

Name of Factory		Location of Factory			Parish	
					e-mail	
Full Name of Owner		Postal Address of Owner				
Full Name of Manager		Postal Address of Manager			Telephone No.	
Process or Products	Nature of mechanical Power Used	No. of Employees			Total Hours per week	
		Male	Female	Total	Male	Female
Name and Position of Safety Supervisor		Type of Fire Warning Device				

HEALTH AND WELFARE FACILITIES PROVIDED

State Area of each of the following		Area (m ²)	State No. of each of the following	For Women	For Men
Lunch Room			Wash Basins		
Rest Room			Shower Baths		
Changing Room	Men		Sanitary Conveniences other than Urinals		
	Women		Urinals		

~ DESCRIPTION OF BUILDING (S)

Building or Storey	Type of Materials used for Construction			Area (m ²)	No. of Exits	Name of Explosive Inflammable or Toxic Materials Stored or Used
	Floor	Wall	Roofing			

A descriptive list of the machinery installed is given overleaf and Treasury / Revenue Receipt No.....Dated.....for the prescribed fee \$.....is attached.

Yours faithfully

.....
Owner / Manager

Date.....

*Delete whichever is not applicable

~Give information in respect of each Building or Floor.

DESCRIPTIVE LIST OF MACHINERY

Name of Machinery	Source of Power	Horse Power