

## NPI Online Reporting System

### Facility Registration Form

Please complete the following fields to register your facility for reporting to the NPI.

#### Registered details

Complete all details in the table below.

Registered Company Name			
Street No. and Name			
City/Suburb		State	Postcode
ACN			
ABN (not compulsory if ACN supplied)			
ANZSIC Code			

Please note that the ANZSIC Code for your facility can be determined through the following website [www.npi.gov.au/database/anzsic-code-list.html](http://www.npi.gov.au/database/anzsic-code-list.html).

#### Facility details

Complete all details in the table below.

Trading Name/Facility Name			
Street No. and Name			
City/Suburb		State	Postcode
EPA Licence No.			
Number of Employees			
Website Address			
Main Activity			

#### Postal Address

Complete all details in the table below.

Trading Name/Facility Name			
Street No. and Name			
City/Suburb		State	Postcode

#### Other Information

To determine the facility location coordinates please refer to the NPI website [www.npi.gov.au](http://www.npi.gov.au) or please provide a map identifying the location of the facility.

Latitude	
Longitude	

Return this form by fax or post to your local jurisdiction. For information about contact details see:  
[http://www.epa.sa.gov.au/businesses/national\\_pollutant\\_inventory/npi\\_contact\\_details](http://www.epa.sa.gov.au/businesses/national_pollutant_inventory/npi_contact_details)

**Public Contact**

(Data will be made public)

Title		First Name		Surname	
* Position					
* Phone					
Mobile					
Fax					
Email					
<b>Postal Address</b>					
Street No. and Name					
City/Suburb		State		Postcode	

\* Please note these fields are mandatory.

**Technical Contact**

(Data will not be made public)

* Title		* First Name		* Surname	
Position					
* Phone					
Mobile					
Fax					
* Email					
<b>* Postal Address</b>					
Street No. and Name					
City/Suburb		State		Postcode	

\* Please note these fields are mandatory.

**Facility Authorisation**

A company authorising officer must verify that the facility details are correct.

I agree that the facility details provided above are correct.	
Signature	
Date	
Email address	
First name	
Last name	
Position	
Company	
Telephone number (include STD code)	

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