

Application for controlled waste carrier licence

Environmental Protection (Controlled Waste) Regulations 2004

FORM CW1

The Department of Water and Environmental Regulation (the department) regulates the transportation of controlled wastes.

The <u>Environmental Protection (Controlled Waste) Regulations 2004</u> (the regulations) provide for the licensing of carriers, drivers, and vehicles involved in the transportation of controlled waste on roads in Western Australia (WA).

Retain a copy of this form for your records.

Before completing this application form please ensure you have done the following:

- Submitted Form CW4 Application enquiry for becoming a controlled waste carrier and received a response from the department.
- Read the Environmental Protection (Controlled Waste) Regulations 2004.

Allow 30 days for the department to process complete application forms.

If there is insufficient room on any part of this form, continue on a separate sheet of paper and attach to this application form, numbering ALL pages.

Incomplete or illegible applications will not be processed. If you are unsure about completing any part of this application, please contact Controlled Waste on +61 6364 6946.

| Part 1 Applicant det | Part 1 Applicant details | | | | |
|--|--|-----------|--|--|--|
| The department issue | The department issues this number by email in response to your submission of Form CW4. | | | | |
| Carrier licence number | т | т | | | |
| Applicant details | | | | | |
| 1 Company name; 2 Partnership; 3 Sole Trader (Individual); 4 Full name of all trustees; or 5 Local government authority/regional council, as appears on documentation. | | | | | |
| Applicant name (1, 2, 3, 4 or 5) | | | | | |
| Business name (1–4, if applicable) | 2) | | | | |
| Trading name (if applicable) | | | | | |
| Australian Business Australian Company Number (ABN) Number (ACN) | | | | | |
| Telephone | | Facsimile | | | |
| Mobile | | | | | |

Ref no. Date stamp

| Part 1 Applicant details (continued) | | | | | |
|--------------------------------------|--------------------------------|------------------------|-----|--|--|
| Email | | | | | |
| Business address | | | | | |
| Suburb | | State | | | |
| Postcode | | | | | |
| Postal address | Same as business ac | ddress | | | |
| Suburb | | State | | | |
| Postcode | | | | | |
| Primary contact inform | nation | | | | |
| Given/first names | | | | | |
| Surname/family name | | | | | |
| Salutation | Mr Ms Other (please specify | Miss | Mrs | | |
| Date of birth | | | | | |
| Email | | | | | |
| Telephone | | Mobile | | | |
| Contact details for ac | counts information | | | | |
| Given name and other name(s) | | Surname/family name | | | |
| Salutation | Mr Ms Other (please specify | Miss | Mrs | | |
| Email | | | | | |
| Telephone | | Mobile | | | |

| Department | of Water | and | Environmental | Regulation |
|------------|----------|-----|---------------|------------|
|------------|----------|-----|---------------|------------|

| Dert 4 Applicant dataile (continued) | | | |
|--|--|--|--|
| Part 1 Applicant details (continued) | | | |
| Have the entity, directors or owner operators previously been licensed as a controlled waste carrier either in WA (under the Environmental Protection (Controlled Waste) Regulations 2004) or in another jurisdiction? | | | |
| Yes (please specify) No | | | |
| Have the entity, directors or owner operators been found g legislation either in WA or in another jurisdiction? | uilty of an offence under any environmental | | |
| Yes (please specify) No | | | |
| Do the entity, directors or owner operators have a record o | of previous unpaid debt with the department? | | |
| Yes (please specify) No | | | |

Part 2 Controlled waste category

Select waste group or individual waste codes required.

Note: Bulk controlled waste means a controlled waste that is transported in a tank.

Packaged controlled waste means a controlled waste that is transported otherwise than as a bulk controlled waste.

| Category group | Waste code | Bulk | Packaged |
|---------------------------------|----------------|------|----------|
| For all categories | A-T | | |
| A - Planting and heat treatment | All category A | | |
| | A100 | | |
| | A110 | | |
| | A130 | | |
| B - Acids | B100 | | |
| C - Bases | C100 | | |
| D - Inorganic chemicals | All category D | | |
| | D100 | | |
| | D110 | | |
| | D120 | | |
| | D130 | | |

| Part 2 Controlled waste category (continued) | | |
|--|----------------|--|
| | D140 | |
| | D141 | |
| | D150 | |
| | D151 | |
| | D160 | |
| | D170 | |
| | D180 | |
| | D190 | |
| | D200 | |
| | D210 | |
| | D211 | |
| | D220 | |
| | D221 | |
| | D230 | |
| | D240 | |
| | D250 | |
| | D270 | |
| | D290 | |
| | D300 | |
| | D310 | |
| | D330 | |
| | D340 | |
| | D350 | |
| | D360 | |
| E - Reactive chemicals | All category E | |
| | E100 | |
| | E120 | |
| | E130 | |
| F - Paints, resins, inks and organic sludges | All category F | |
| | F100 | |
| | F110 | |
| | F120 | |
| | F130 | |
| G - Organic solvents | All category G | |
| | G100 | |
| | G110 | |
| | G130 | |

| Part 2 Controlled waste category (continued) | | |
|--|----------------|--|
| | G150 | |
| | G160 | |
| H - Pesticides | All category H | |
| | H100 | |
| | H110 | |
| | H130 | |
| | H170 | |
| J - Oils | All category J | |
| | J100 | |
| | J120 | |
| | J130 | |
| | J160 | |
| | J170 | |
| | J180 | |
| K - Putrescible and organic waste | All category K | |
| | K100 | |
| | K110 | |
| | K130 | |
| | K140 | |
| | K190 | |
| | K200 | |
| | K210 | |
| L - Industrial wash water | All category L | |
| | L100 | |
| | L150 | |
| M - Organic chemicals | All category M | |
| | M100 | |
| | M105 | |
| | M130 | |
| | M150 | |
| | M160 | |
| | M170 | |
| | M180 | |
| | M210 | |
| | M220 | |
| | M230 | |
| | M250 | |
| | M260 | |
| | IVIZ00 | |

| Part 2 Controlled waste category (continued) | | | | |
|--|----------------|--|--|--|
| N - Soils and sludge | All category N | | | |
| | N100 | | | |
| | N120 | | | |
| | N140 | | | |
| | N150 | | | |
| | N160 | | | |
| | N190 | | | |
| | N205 | | | |
| | N220 | | | |
| | N230 | | | |
| R - Clinical and pharmaceutical | All category R | | | |
| | R100 | | | |
| | R120 | | | |
| | R130 | | | |
| | R140 | | | |
| T - Miscellaneous | All category T | | | |
| | T100 | | | |
| | T120 | | | |
| | T140 | | | |

Part 3 Declaration and signature

For your application form to be accepted for assessment, it must be signed by the most relevant person.

By signing this form you are declaring that the statements on this form are true and correct. Providing false or misleading information is grounds for revocation or suspension of a licence.

If additional space is required, please photocopy this page and attach as part of your application form.

I/We have read and understood the Environmental Protection (Controlled Waste) Regulations 2004.

I/We declare that the statements made in this application form are true and correct.

Individual

| Signature of individual | Date of signing | |
|-------------------------|-----------------|--|
| | | |

Printed name in full

| Boparanoneor | trater and Environmental Regulation | | |
|--|---|--|---------------------------------------|
| Part 3 Decla | ration and signature (continued) | | |
| | proprietors/partners norised partner to sign this application f | orm.) | |
| Signature of proprietor/ partner | | Signature of proprietor/ partner | |
| Printed name in full | | Printed name in full | |
| Date of signing | | Date of signing | |
| OR Company (If you are aut | / horised to sign on behalf of your compa | any, sign this pa | art of the form.) |
| Signature of p on behalf of th | person duly authorised to sign for and the company | | |
| Printed name in full | | Date of signing | |
| Position | | | |
| OR Trust (All trustees d | uly authorised to sign this application fo | orm.) | |
| Signature of trustee | | Signature of trustee | |
| Printed name in full | | Printed name in full | |
| Date of signing | | Date of signing | |
| | vernment/regional council horised to sign on behalf of local gover | nment/regional | council, sign this part of the form.) |
| | person duly authorised to sign for and the local government/regional council | | |
| Printed name in full | | Date of signing | |
| Position | | | |

| Dopart | | innonite | in regulation | | | |
|---|---|--------------------|----------------------|--|---------------------|--|
| Part | 4 Fees | | | | | |
| | Make cheques or money orders payable to: Department of Water and Environmental Regulation. Do not send cash in the mail. | | | | | |
| Licen | ce period | | | | | |
| | 1 year \$225.00 3 year \$555.00 5 year \$885.00 | | | | | |
| Paym | nent method (tick appropria | ate box |) | | | |
| | EFT/bank transfer BSB: 066040 Account No: 1830011 Name of bank: Comm Please include in the de Carrier licence number | nonwea scriptic | on: | | | |
| | Credit card payment (c | online) | | | | |
| | 1. Access <u>www.dwer.wa.gov.au</u> . | | | | | |
| | 2. Select "Make a payment" | | | | | |
| | 3. Follow the prompt to pay a Controlled Waste - New Application (Biller Code 1222322). | | | | | |
| | Please include: 4. Full name: "Licensee name" 5. Description of payment: CW Carrier "TXXXXX" 6. Contact phone number (10 digits). | | | | | |
| | Before submitting the application, record the receipt number and payment date below. | | | | payment date below. | |
| | | | | | | |
| | Cheque/money order Make payable to Department of Water and Environmental Regulation. | | | | | |
| Part | 5 Required supporting d | ocum | entation/information | | | |
| Please include the following as part of your application package. | | | | | | |
| | This application form will not be processed without these being attached/completed. | | | | | |

Allocated carrier licence number (Part 1).

If applying as an individual, attach a copy of your driver's licence (back and front) or other proof of identity (e.g. passport).

Attach a copy of Certificate of Registration of a Company/Certificate of Incorporation or Certificate of Registration of Business Name (BRN) or other legal document that creates the ownership as a legal entity.

| Part 5 | 5 Required supporting documentation/information (continued) |
|--------|--|
| | If applying for a bulk controlled waste carrier licence attach: |
| | For each unlicensed bulk controlled waste driver, Form CW2 Application for bulk controlled waste vehicle driver licence (including copies, back and front, of the driver's licence and other required supporting documentation as listed on the form). |
| | For each licenced bulk controlled waste driver, Form CW7 Notification of change of licensed driver's employer. |
| | For each vehicle, Form CW3 Application to licence vehicle/tank to transport bulk controlled waste (including a copy of the vehicle's current registration paper, as issued by the Department of Transport and a tank integrity certificate and other required supporting documentation as listed on the form). |
| | If applying for a packaged controlled waste carrier licence attach: |
| | Form CW5 Manifest of vehicle(s) or trailers(s) used to transport packaged controlled waste (including a copy of the vehicle's current registration paper, as issued by the Department of Transport, for each vehicle listed). |
| | Form CW6 Manifest of driver(s) transporting packaged controlled waste (including copies, back and front, of the driver's licence). |
| | Spill management plan. |
| | Confirmation letter from proposed waste facility(s) that they are able to accept the controlled waste category you intend to transport. |
| | Payment of application fee – EFT, credit card payment (online), cheque or money order. |

Part 6 Lodgement By post to: By email to: In person or by courier to: Department of Water and controlled.waste@dwer.wa.gov.au Reception **Environmental Regulation** Department of Water and **Environmental Regulation Controlled Waste** Locked Bag 10 By fax to: **Prime House** JOONDALUP DC WA 6919 8 Davidson Terrace +61 8 6467 5520 JOONDALUP WA 6027

Enquiries:

For general enquiries regarding controlled waste, telephone Controlled Waste on +61 6364 6946.

For regional enquiries regarding premises or issues in your local area, please contact the <u>department's regional office</u>.

Office use only

9