Government of **Western Australia**
Department of **Water and Environmental Regulation**

Ref No.
Date stamp

Controlled Waste Tracking System (CWTS) Access Form – Industry

Environmental Protection (Controlled Waste) Regulations 2004

FORM CW11

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

The *Environmental Protection (Controlled Waste) Regulations 2004* (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.**
>
> Allow five days for the Department to process complete forms.
>
> If there is insufficient room on any part of this form, continue on a separate sheet of paper and attach to this 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 8 6364 6946.**

Part 1 Access Request Type

More than one type of access may apply.

What Type of CWTS Access is being Requested?

	Carrier		Waste facility		Waste holder

What Access Level is Required?

	Manager		Data entry

Part 2 Company Details (Employer)

Company name	
Carrier licence number (if applicable)	T

Australian Business Number (ABN)		Australian Company Number (ACN)	

If access is being sought to multiple company profiles, please list each child profile.

Child profile name		CTWS Organisation ID	
Child profile name		CTWS Organisation ID	
Child profile name		CTWS Organisation ID	
Child profile name		CTWS Organisation ID	

Part 3 Designating an Agent

Is third party/agent access required to another company's CWTS profile?	No Yes – Please refer to Form CW12 Agency agreement.

Part 4 Employee Information (Employee Requesting CWTS Access)

Login details are sent automatically to the employee email address.

Given/first names	
Surname/family name	
Salutation	Mr Ms Miss Mrs Other (please specify)
Date of birth (Required)	
Email (Required)	
Contact Number (Required)	
Physical Work Address	

Suburb		State		Postcode	

Part 5 Employer Declaration and Signature

Must be signed by a representative of the company who has the authority to sign on behalf of the company or who already has CWTS manager access for the company.

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.

I declare that I am authorised to sign on behalf of the company.

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

Signature of company representative		Date of signing	
Printed name in full			
Position of company representative			

Part 6 Required Supporting Documentation/Information

Please include the following as part of your application package.

	If applying for waste holder access, please provide a copy of correspondence from the waste carrier confirming permission to access their data.
	If third party/agent access is required to another company's CWTS profile, please provide a completed Form CW12: CWTS—agency agreement form.

Part 7 Lodgement

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

Enquiries:

For general enquiries regarding controlled waste, telephone Controlled Waste on +61 8 6364 6946.

For regional enquiries regarding premises or issues in your local area, please contact the regional DWER office.

Office Use Only

Authorised Controlled Waste Officer			
Signature		Date	
Issued CWTS access identification number			
Issued CWTS user name			