



Application to list a waste facility or transit facility in the Controlled Waste Tracking System

Environmental Protection (Controlled Waste) Regulations 2004

FORM CW14

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.

For further information please refer to the regulations.

Allow 21 days for the department to process complete application forms.

If there is insufficient room on any part of this application 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 8 6364 6946.

Please complete a CW11 form for user access to the Controlled Waste Tracking System (CWTS).

Part 1 Facility type

What category of access to the CWTS are you seeking? Mark relevant box indicating to which facility type this application refers.

☐ Waste facility

☐ Transit facility

Part 2 Applicant

- 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)

Trading name
(if applicable)

Australian
Business Number
(ABN)

Australian Company
Number (ACN)

Telephone

Facsimile

Mobile

Part 2 Applicant (continued)

Email			
ANZSIC code (industry type)			
Business address			
Suburb		State	
Postcode			
Postal address	Same as business address		
Suburb		State	
Postcode			
Primary contact information			
Given/first names			
Surname/family name			
Salutation	Mr	Ms	Miss Mrs
	Other (please specify)		
Position title			
Email		Date of birth	
Telephone		Mobile	

Part 3 Facility details

Name of waste/ transit facility			
List other locally known names for this facility			
Physical location/ address of facility			
Suburb		State	
Postcode			

Part 3 Facility details (continued)

Primary contact information for on-site enquiries

Given/first names

Surname/family name

Salutation

Mr

Ms

Miss

Mrs

Other (please specify)

Position title

Email

Date of birth

Telephone

Mobile

Please provide these details for verification of eligibility to list as a waste or transit facility

Facility licence/permit/registration details

Does this facility hold a current Part V licence issued under the *Environmental Protection Act 1986*?

Yes

No

Licence number:
(not your carrier number)

Is this facility a dangerous goods site licensed under the Dangerous Goods Safety (Storage and Handling of Non-explosives) Regulations 2007?

Yes

No

Licence number:

Does this facility hold a Water Corporation discharge to sewer permit?

Yes

No

Permit number:

Is this facility registered under the Environmental Protection Regulations 1987, regulation 5B, to store, treat, reuse or dispose of a controlled waste?

Yes

No

Registration number:

Other – please specify type of approval or authorisation from other state government agencies or local government authority.

Part 4 Controlled waste category

Select waste group or individual waste codes required. Mark the box for each waste category the facility is permitted to receive and write the number of the corresponding treatment method adjacent to the waste category.

Method of treatment or disposal

1. Incineration
2. Interstate
3. Landfill (Class II & III)

4. Landfill (Class IV & V)
5. Physico-biological treatment
6. Physico-chemical treatment

7. Re-use
8. Overseas
9. Septage ponds

10. Sewer
11. Storage (general)
12. Storage (tank)

Category group	Waste code	Bulk	Method	Packaged	Method	Est. tonnes per year
For all categories	A-T					
A - Plating 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					
	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					
	G150					
	G160					
H - Pesticides	All category H					
	H100					
H - Pesticides (cont'd)	H110					
	H130					
	H170					
J - Oils	All category J					
	J100					
	J120					
	J130					
	J160					
	J170					
K - Putrescible and organic wastes	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					
	M270					
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 5 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			

OR Business proprietors/partners

(Any duly authorised partner to sign this application form.)

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 authorised to sign on behalf of your company, sign this part of the form.)

Signature of person duly authorised to sign for and on behalf of the company	
Printed name in full	Date of signing
Position	

OR Trust

(All trustees duly authorised to sign this application form.)

Signature of trustee		Signature of trustee	
Printed name in full		Printed name in full	
Date of signing		Date of signing	

OR Local government/regional council

(If you are authorised to sign on behalf of local government/regional council, sign this part of the form.)

Signature of person duly authorised to sign for and on behalf of the local government/regional council	
Printed name in full	Date of signing
Position	

Part 6 Required supporting documentation/information

Please include the following as part of your application package.

The department requires the receipt of at least one of the following certifications.

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.

Copy of permit or licence as indicated in Part 3 of this application.

Other supporting documents such as authorisations or approvals from other government agencies. (Confirmation of land use, development approval, planning approval etc.)

Part 7 Lodgement

By post to:

Department of Water and
Environmental Regulation

Controlled Waste

Locked Bag 10

JOONDALUP DC WA 6919

By email to:

controlled.waste@dwer.wa.gov.au

By fax to:

+61 8 6467 5520

In person or by courier to:

Reception

Department of Water and
Environmental Regulation

Prime House

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 [department's regional office](#).

Office use only

Recording Officer		Date received	
Given to Controlled Waste Manager		Date	
Controlled Waste Manager signature		Date	
Date entered onto CWTS			