Ref No.				
Date stamp				

Application to Transport Anything Other than a Controlled Waste in a Licensed Controlled Waste Vehicle or Tank

Environmental Protection (Controlled Waste) Regulations 2004

FORM CW24

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.

Allow 30 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.

Part 1 Applicant De	tails			
Carrier licence number	т			
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 Details				
Applicant name (1, 2, 3, 4 or 5)				
Address				
Suburb		State		
Postcode				
Postal address				
Suburb		State		
Postcode				

Part 1 Applicant Details (Continued)					
Primary Contact Infor	mation				
Given/first names					
Surname/family name					
Position title					
Email					
Telephone		Mobile			

Part 2 Waste/Material Holder Details					
Waste holder means whose apparatus or a	a person who is in pontion	ossession trolled was	or control of a controll te.	ed waste on premises or	
Waste holder name					
Australian Business Number (ABN)			Australian Company Number (ACN)		
Physical address					
Suburb			State		
Postcode					
Postal address	Same as physic	cal addres	s		
Suburb			State		
Postcode					
Primary Contact Infor	mation				
Given/first names					
Surname/family name					
0.1.4.4	Mr	Ms	Miss	Mrs	
Salutation	Other (please specify)				

Part 2 Waste/Material Holder Details (Continued)				
Position				
Telephone		Mobile		
Email				

Part 3 Waste/Material Generation Details				
	Yes (go to Part 4)			
	No (complete details below)			
	Waste generator name:			
Was the waste generated by the waste holder?				
	Physical address:			

Part 4 Physical Location of Waste				
Is the waste located at the waste holder's physical address listed in Part 2?	Yes (go to Part 5)			
Is the waste located at the waste generator's physical address listed in Part 3?	Yes (go to Part 5) No (complete physical location details below) Physical location of waste:			

Part 5 Waste/Material Description In order to determine if the material is in fact not a controlled waste, and to prevent any delays when assessing your application, please ensure your waste description is detailed and complete. A chemical analysis of waste is required unless the material is from a well-established or documented industrial process. Waste type Other waste description details

'		ttai i togalation					
Part 5 Waste/Material Description							
Is a chemical analysis of the waste attached?		Yes	No				
Waste form		Liquid	Sludge		Solid		
		Soil and liq	uid		Soil		
NEPM waste code			ANZSIC cod	le			
Dangerous Goods class			UN number				
		Drum	Tank		IBC		
Current containment type		Pallet	Other (please	specify below	v)	
How many loads will be transported?			Total volume waste (kg, L				
When will the waste be transported?	to						
Part 6 Vehicle/Tank Details							
Vehicle registration tank ID number	or				le/tank city (litres)		
Dangaraya Caada				Dana	oroug		

Part 6 Vehicle/Tank Details					
Vehicle registration or tank ID number		Vehicle/tank capacity (litres)			
Dangerous Goods licence number (if applicable)		Dangerous Goods licence expiry date			

Part 7 Driver Details					
Given name and other name(s) as per driver' licence					
Surname/family name as per driver's licence					
Salutation	Mr Other (please s	Ms specify)	Miss	Mrs	
Date of birth		Telephone			
Mobile					

Driver's licence number			Expiry date)	
Driver's current residential address					
Suburb		State			
Postcode					
Does the driver need to be on CWTS?	pe added to a secondary ca	rrier profile	Yes		No
Part 8 Waste Facility D	etails				
Name of waste facility					
Waste facility licence nur of the Environmental Pro	mber issued under Part V etection Act 1986				
Location/address of facility					
Suburb		State			
Postcode					
Primary Contact Informa	tion				
Given/first names					
Surname/family name					
	Mr Ms	Miss	3	Mrs	
Salutation	Other (please specify)				
Telephone		Mobile			
Do you have confirmation from the waste facility that they are able and willing to accept the listed waste?	mation from the No (please provide further details below) ble and willing to				

Part 8 Waste Facility Details (Continued)					
Method of disposal or treatment	Recycling Energy Thermal desorption Other (provide details b	Immobilisation Incineration Storage pelow)	Landfill Chemical treatment Physical treatment		
Is the waste to undergo further treatment/ disposal at another facility?	Yes (please provide further details below.) Name of waste facility: Waste facility licence number issued under Part V of the <i>Environmental Protection Act 1986</i> :				

Part 9 Vehicle/tank cleaning process				
What processes will be put in place to clean the tank before and after transporting material that is not controlled waste?				
Please provide a detailed description of methodology, including the proposed location of cleaning.				
Cleaning location				
Suburb		State		
Postcode				

Part 10 Disposal/treatment of washings/residues				
Please prov	ide details on the treatment or disposal n	nethod for the	washings/residues resulting from the	
Washing/ residues Treatment/ disposal address				
Suburb		State		
Postcode				
Part 11 Jus	stification for request			
Outline the r	reasons as to why compliance with the R be transported in a licensed vehicle or ta	egulations ca	innot be achieved and non-controlled nistrative and financial matters	
	s a justification are not relevant consider			
Part 12 What measures will be undertaken to ensure that material is not mistaken for controlled waste during collection and transport?				
How will controlled waste signage be obscured?				

Part 13 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

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		

Part 13 Declaration and Signature (Continued) 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 Position Date of signing

Part 14 Required supporting documentation/information			
Please include the following as part of your application package.			
	A letter of confirmation from each of the nominated waste facilities confirming that they will take receipt of the nominated waste types.		
	Copy of the chemical analysis or MSDS of the material/waste.		

Part 15 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		
Controlled Waste		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 <u>regional DWER office</u>.

Office Use Only			