Ref no.	
Date stamp	

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

Environmental Protection (Controlled Waste) Regulations 2004

#### FORM CW25

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.

For further information please refer to the regulations.

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.

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

For changes in ownership, and reapplication of previously dormant facilities, please complete a CW14 form.

Part 1 Facility type	)						
Mark relevant box indicating to which facility type this application refers.							
Waste facility	,		Transit facility	У			
Part 2 Applicant							
Applicant name							
Name of waste/ transit facility							
List other locally known names for this facility							
Physical location/ address of facility							
Suburb				State			
Postcode							
Overview of site processes							

Part 2 Applicant (continued)						
Primary contact infe	ormation					
Given/first names						
Surname/family name						
	Mr	Ms	Miss	Mrs		
Salutation	Other (ple	ease specify)				
Position title						
Email			Date of birth			
Telephone			Mobile			

Part 3 Amendment details								
Please specify the details of the amendment.  If the space provided is insufficient, please continue on a separate, numbered, blank page.								
	Add/modify	Remove						
What type of amendment is required?			Company/business name change					
			Controlled waste category (must complete Part 4)					
			Other – please detail below					
Summary of amendment								

Part 4 Controlled	l waste cate	gory amend	lment
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Please provide these details for verification of eligibility to list as a waste or transit facility.

# Facility licence/permit/registration details

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Does this facility hold a current Part V licence issued under the Environmental Protection Act 1986?	and returne confirming a	Licence number: (not your carrier number)  ', then a Part V Application Enquiry form must be completed d; or, relevant correspondence received from the department a Part V licence is not required for your facility must be attached. vide a copy of the reviewed Application Enquiry form or ence.
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

Incineration     Interstate     Andfill (Class)	<del>, '</del>		<ol><li>Physic</li></ol>	co-bio co-che	ss IV & V) logical trea emical trea	atment atment	7. Re-use 8. Overseas 9. Septage ponds			10. Sewe 11. Stora 12. Stora	ge (ge ge (taı	nk)	
Category group	Waste	Bulk	Method	Packaged	Method	Est. tonnes per year	Category group	Waste	Bulk	Method	Packaged	Method	Est. tonnes per year
For all categories	A-T						H - Pesticides	H110					
A - Plating and heat	All category A						(cont'd)	H130					
treatment	A100							H170					
	A110						J - Oils	All category J					
	A130							J100					
B - Acids	B100							J120					
C - Bases	C100							J130					
D - Inorganic	All category D							J160					
chemicals	D100							J170					
	D110							J180					
	D120						K - Putrescible and	All category K					
	D130						organic wastes	K100					
	D140							K110					
	D141							K130					
	D150							K140					
	D151							K190					
	D160							K200					
	D170							K210					
	D180			+			L - Industrial wash	All category L			+		
	D190			+			water  M - Organic chemicals	L100					
	D190							L150					
	D200							All category M					
				+				M100					
	D211			+				M105					
	D220							M130					
	D221			+				M150					
	D230			+				M160					
	D240			+									
	D250			+				M170					
	D270			+				M180					
	D290			+				M210					
	D300			+				M220			+		
	D310			$\perp$				M230					
	D330			$\perp$				M250					
	D340			$\perp$				M260			$\perp$		
	D350							M270					
	D360						N - Soils and sludge	All category N					
E - Reactive chemicals	All category E						Siduge	N100					
Chemicais	E100			$\perp$				N120			-		
	E120							N140					
	E130							N150					
F - Paints, resins,	All category F							N160					
inks and organic sludges	F100							N190					
	F110							N205					
	F120							N220					
	F130							N230					
G - Organic	All category G						R - Clinical and	All category R					
solvents	G100						pharmaceutical	R100					
	G110							R120					
	G130							R130					
	G150							R140					
	G160						T - Miscellaneous	All category T					
H - Pesticides	All category H							T100					
	H100							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 s <sub>l</sub>	pace is required, please photocopy this	page and attac	ch as part of your application form.				
I/We have rea	d and understood the Environmental P	rotection (Cont	rolled 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							
	s <b>proprietors/partners</b> 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	/ thorised to sign on behalf of your comp	any, sign this pa	art of the form.)				
Signature of pon behalf of the	person duly authorised to sign for and ne 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 thorised to sign on behalf of local gover	nment/regional	council, sign this part of the form.)				
	person duly authorised to sign for and ne local government/regional council						
Printed name in full		Date of signing					
Position							

# Department of Water and Environmental Regulation

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.					
	If applicable, a copy of the reviewed Application Enquiry form signed by a department officer; or, relevant correspondence from the department confirming Part V licence not required for facility.					
	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:	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
		1000.127.120. 111.10027

# Enquiries:

For general enquiries regarding controlled waste, telephone the Controlled Waste on +61 8 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		
Recording Officer	Date received	
Given to Controlled Waste Manager	Date	
Controlled Waste Manager signature	Date	
Date entered onto CWTS		

202100346-CW25