| Ref No.    |
|------------|
|            |
|            |
|            |
|            |
| Date stamp |

# Application to license vehicle/tank to transport bulk controlled waste

Environmental Protection (Controlled Waste) Regulations 2004

# FORM CW3

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

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 read the <u>Environmental Protection</u> (<u>Controlled Waste</u>) <u>Regulations 2004</u>.

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 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   |  |                                    |                 |  |  |
|--|--|------------------------------------|-----------------|--|--|
| The Department issu  | The Department issues this number by email in response to your submission of Form CW4. |                                    |                 |  |  |
| Carrier licence number   | Т  |                                    |                 |  |  |
| Applicant details  |  |                                    |                 |  |  |
| The Department issu  | es this number by email in resp  | onse to your submission            | on of Form CW4. |  |  |
| 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<br>Number (ABN)  |  | Australian Company<br>Number (ACN) |                 |  |  |
| Telephone  |  |                                    |                 |  |  |
| Business address   |  |                                    |                 |  |  |

| Part 1 Applicant (co  | ntinuea)                   |                               |                     |   |                              |                |
|---|----------------------------|-------------------------------|---------------------|---|------------------------------|----------------|
| Suburb  |                            |                               |                     | State   |                              |                |
| Postcode  |                            |                               |                     |   |                              |                |
| Postal address  | Sam                        | e as business                 | s addre             | SS  |                              |                |
| Suburb  |                            |                               |                     | State   |                              |                |
| Postcode  |                            |                               |                     |   |                              |                |
| Primary contact infor   | mation                     |                               |                     |   |                              |                |
| Given/first names   |                            |                               |                     |   |                              |                |
| Surname/family name   |                            |                               |                     |   |                              |                |
| Salutation  | Mr<br>Other                | M<br>(please spec             | /Is<br>cify)        | Miss  | Mrs                          |                |
| Email   |                            |                               |                     |   |                              |                |
| Telephone   |                            |                               |                     | Mobile  |                              |                |
| Part 2 Vehicle/tank   | details                    |                               |                     |   |                              |                |
| If you can supply doo<br>then you may not be                              | cumentation<br>required to | to demonstra<br>pay the contr | ate that<br>olled w | t the vehicle or tank is<br>aste bulk vehicle/tan | s Dangerous<br>k licence fee | Goods licensed |
| Vehicle registration or tank ID number                                    |                            |                               |                     | Make and model                                    |                              |                |
| Year  |                            | Chassis<br>number             |                     |   | Carrying capacity (litres)   |                |
| Dangerous Goods licence   |                            |                               |                     | Dangerous Goods licence expiry date               |                              |                |
| Physical address<br>at which vehicle/<br>tank will normally be<br>garaged |                            |                               |                     |   |                              |                |
| Suburb  |                            |                               |                     | State   |                              |                |

# Department of Water and Environmental Regulation

| Part 2 Vehicle/tank details (continued)   |  |       |  |  |  |
|---|--|-------|--|--|--|
| Postcode  |  |       |  |  |  |
| Physical address at which vehicle/tank may be garaged                             |  |       |  |  |  |
| Suburb  |  | State |  |  |  |
| Postcode  |  |       |  |  |  |
| Does the vehicle need to be added to a secondary carrier profile on CWTS?  Yes No |  |       |  |  |  |

| Part 3 Controlled waste categ                               | ory  |  |
|---|--|--|
|   | Category groups                              |  |
| For all categories  | A–T All categories                           |  |
| Or  | A – Plating and heat treatment               |  |
| Mark the box for each waste category you want to transport. | B – Acids                                    |  |
|   | C – Bases                                    |  |
|   | D – Inorganic chemicals                      |  |
|   | E – Reactive chemicals                       |  |
|   | F – Paints, resins, inks and organic sludges |  |
|   | G – Organic solvents                         |  |
|   | H – Pesticides                               |  |
|   | J – Oils                                     |  |
|   | K – Putrescible and organic wastes           |  |
|   | L – Industrial wash water                    |  |
|   | M – Organic chemicals                        |  |
|   | N – Soils and sludges                        |  |
|   | R – Clinical and pharmaceutical              |  |
|   | T – Miscellaneous                            |  |

# Part 4 Bulk controlled waste vehicle/tank checklist

A tank owner must ensure the tank complies with the tank criteria requirements set out by the Department.

\* Photo required

| Yes | No | Vehicle/tank details  |
|-----|----|---|
|     |    | *Sight gauge/dipstick or other approved device fitted.  |
|     |    | Details:  |
|     |    | *Safety valves fitted to both ends of the sight guage.  |
|     |    | Details:  |
|     |    | *Sampling tap fitted and operational.   |
|     |    | Details:  |
|     |    | Valves/seals operating satisfactorily.  |
|     |    | Details:  |
|     |    | *Safety cam and groove locking end cap or other approved mechanism fitted on all external fittings. |
|     |    | Details:  |
|     |    | Certificate of tank integrity attached.   |
|     |    | Details:  |
|     |    | Spill Management Plan and equipment accompany vehicle.  |
|     |    | Details:  |

# Part 4 Bulk controlled waste vehicle/tank checklist (continued)

Submit with this application form photographs of both sides and rear of the tank, clearly displaying the registration licence plate of the vehicle that the tank is attached to.

| Yes   | No | Sign writing   |
|---|----|--|
|   |    | Trading name as stated on controlled waste carrier licence written on both sides of the tank is at least 150 millimetres (mm) in size. |
|   |    | Trading name as stated on controlled waste carrier licence written on rear of the tank is at least 50mm in size.                       |
|   |    | The words "Controlled Waste" written on both sides and rear of the tank is at least 50mm in size.                                      |
|   |    | Carrying capacity (litres) written on both sides of the tank is at least 50mm in size.   |
|   |    | Carrier licence number written on both sides and rear of the tank is at least 150mm in size.   |
| If the tank is not affixed to a vehicle or trailer and is normally transferred to different vehicles or trailers, the tank will be required to display sign writing with the Department identification number |    |  |
|   |    | The Department identification number on both sides and rear of tank is of 150mm in size.   |

# 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.

| 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 t   | that the statements made in this applica | ation form are tr                | rue 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                  |                  |  |  |  |

# Part 5 Declaration and signature (continued) **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 Date of name in full signing Position **OR Trust** (All trustees duly authorised to sign this application form.) Signature of Signature of trustee trustee Printed Printed name in full name in full Date of Date of signing 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 Date of Printed name in full signing Position Part 6 Fees Make cheques or money orders payable to: Department of Water and Environmental Regulation Do not send cash in the mail. Licence period 1 year \$225.00 3 year \$345.00 5 year \$465.00 Payment method (tick appropriate box) EFT/bank transfer – BSB: 066040 Account No: 18300113 Name of Bank: Commonwealth Bank of Australia. Please include in the description:

Vehicle registration number and applicant name

### Part 6 Fees (continued)

Credit card payment (online) - access <a href="www.dwer.wa.gov.au">www.dwer.wa.gov.au</a> select <a href="mailto:Make a payment">Make a payment</a> and follow the prompt to pay a Controlled Waste - New Application (Biller Code 1222322)

### Please include:

- Full Name "Licensee name"
- Description of Payment: CW Vehicle "Registration number"
- Contact Phone No (10 digits)

Before submitting the application, record the receipt number and payment date below.

## Cheque/Money Order

• Make payable to Department of Water and Environmental Regulation

# Please include the following as part of your application package. This application form will not be processed without these being completed and attached. Certified tank integrity certificate. Copy of the spill management plan. Copy of the current registration paper, as issued by the Department of Transport (excluding dangerous goods vehicles and removable tanks). Photographs of both sides and rear of the tank, clearly displaying the vehicle registration licence plate of the vehicle that the tank is attached and the Department tank criteria (signage, sight gauge/dipstick, safety valves at both ends of sight gauge, sampling tap and safety cam and groove locking end cap or other approved mechanism). If your vehicle has a Dangerous Goods licence provide a copy of your Dangerous Goods licence. If applying as an individual, attach a copy of your driver's licence (back and front) or other proof of identity.

| Part 8 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                                |

Payment of application fee – EFT, credit card payment (online), cheque or money order

### **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>regional DWER</u> <u>office</u>.