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Ref No.

Contaminated sites auditor scheme

*Mutual Recognition Act 1992 (Commonwealth) Part 3A*

Form B2: Notification - Automatic Deemed Registration to carry on contaminated sites auditing in Western Australia

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| This form is for **Automatic Deemed Registration under Part 3A of the *Mutual Recognition Act 1992* (Commonwealth)**. |

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| **Part 1 Auditor details**  Details of auditors working in WA under the Automatic Mutual Recognition of Occupational Registration scheme will be added to the [Department of Water and Environmental Regulation’s website](https://www.der.wa.gov.au/your-environment/contaminated-sites/53-contaminated-sites-auditors). | |
| Full name |  |
| Contact address |  |
| Postal address  (if different from above) |  |
| Telephone |  |
| Mobile |  |
| Fax |  |
| Email |  |
| Current employer (company name) |  |

| **Part 2 Required information/documentation** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| List other Australian states and territories where you are currently accredited in as a contaminated sites auditor. Specify whether you hold substantive registration, interim deemed registration or automatic deemed registration in each state or territory listed. | | | | | | | | |
| Jurisdiction | Click here to enter text. | Appointment date | Click here to enter a date. | | Expiry date | Click here to enter a date. | | |
| Jurisdiction | Click here to enter text. | Appointment date | Click here to enter a date. | | Expiry date | Click here to enter a date. | | |
| Jurisdiction | Click here to enter text. | Appointment date | Click here to enter a date. | | Expiry date | Click here to enter a date. | | |
| Jurisdiction | Click here to enter text. | Appointment date | Click here to enter a date. | | Expiry date | Click here to enter a date. | | |
| Specify which jurisdiction is your ‘*home State*’ (where you have your principal place of residence and/or principal place of work as an auditor) | | | | Click here to enter text. | | | | |
|  | | | | | | | Yes | No |
| Are you subject to any disciplinary proceedings (including preliminary investigations or action that might lead to disciplinary proceedings) in any of the above jurisdictions in relation to your accreditation as an auditor? | | | | | | |  |  |
| Is your accreditation in any of the above jurisdictions cancelled or currently suspended as a result of disciplinary action? | | | | | | |  |  |
| Are you otherwise prohibited from your auditor role, or is your accreditation subject to any conditions as a result of criminal, civil or disciplinary proceedings in any of the above jurisdictions? | | | | | | |  |  |
| If ‘Yes’ to any of the above please provide details (jurisdiction, date, grounds, etc.) | | | | | | | | |
|  | | | | | | | | |
| Is your auditor accreditation in any jurisdiction subject to conditions? | | | | | | |  |  |
| If ‘Yes’ please provide details (jurisdiction and condition/s specified) | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | Yes | No |
| Have you attached evidence of your existing accreditation/s? | | | | | | |  |  |
| Have you attached details of your current auditor [professional indemnity] insurance (refer regulation 59A of the Contaminated Sites Regulations 2006)? | | | | | | |  |  |

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| **Part 3 Declaration and signature** |
| Under the *Mutual Recognition Act 1992* (Commonwealth), Part 3A [section 42G(2)], a local registration authority in the second state for an occupation that covers an activity may:   1. cancel a person’s automatic deemed registration to carry on the activity in that State if the person requests the cancellation; or 2. cancel or suspend a person’s automatic deemed registration if the person provides false or misleading information to a local registration authority in any State. |
| **I declare that the information in this form, and provided with this form, is true and is not misleading in any material particular and that I have disclosed all information that I know is materially relevant to this notification.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Click here to enter a date.  (Auditor’s signature)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Full name in block capitals) |