****

Ref No.

Contaminated sites auditor scheme

*Contaminated Sites Regulations 2006 regulation 36(1)*

Form E: Professional referees

|  |
| --- |
| This form is for **applicants seeking first-time accreditation.** |

|  |  |
| --- | --- |
| **Details of professional referees** | |
| **Professional referee 1** | |
| Full name |  |
| Contact address |  |
| Postal address  (if different from above) |  |
| Telephone |  |
| Mobile |  |
| Fax |  |
| Email |  |
| Relationship to applicant |  |
| **Professional referee 2** | |
| Full name |  |
| Contact address |  |
| Postal address  (if different from above) |  |
| Telephone |  |
| Mobile |  |
| Fax |  |
| Email |  |
| Relationship to applicant |  |

|  |
| --- |
| **Part 2 Declaration and signature** |
| I agree that DWER may contact the persons listed above to obtain professional references as part of my application for accreditation under the WA Contaminated Sites Auditor Scheme. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Click here to enter a date.  (Applicant’s signature)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Full name in block capitals) |