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Ref No.

Contaminated sites auditor scheme

*Contaminated Sites Regulations 2006 regulation 36(1)*

Form E: Professional referees

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

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| **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 |   |

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| **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) |