Ref no.				

Date stamp

Application to list an interstate controlled waste carrier in the Controlled Waste Tracking System

Environmental Protection (Controlled Waste) Regulations 2004

FORM CW26

This form is for carriers who hold a valid licence or authorisation issued by a jurisdiction in Australia other than Western Australia (WA) to transport controlled/hazardous waste into WA.

The form enables carriers to raise tracking forms via the Controlled Waste Tracking System to track interstate waste movements in line with the National Environment Protection (Movement of Controlled Waste between States and Territories) Measure 1998, and temporarily transport controlled/hazardous waste within WA.

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 WA.

Retain a copy of this form for your records.

For further information please refer to the Regulations.

Allow 14 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.

Part 1 Applicant deta	ils		
Applicant details			
1 Company name 2 Partnership 3 Sole trader (individu 4 Full name of all trus 5 Local government a		pears on documentatio	on.
Applicant name (1, 2, 3, 4 or 5)			
Business name (1–4, if applicable)			
Trading name (if applicable)			
Australian Business Number (ABN)		Australian Company Number (ACN)	
Telephone		Facsimile	
Mobile			

Department of Water and Environmental Regulation

Part 1 Applicant deta	ils (continued)		
Email			
Business address			
Suburb		State	
Postcode			
Postal address	Same as business addre	ss	
Suburb		State	
Postcode			
Primary contact inforr	nation		
Given and other name(s)			
Surname/family name			
	Mr Ms	Miss	Mrs
Salutation	Other (please specify)		
Date of birth			
Email			
Telephone		Mobile	
Have the entity, direct in WA (under the Reg	tors or owner operators previou julations) or in another jurisdicti	sly been licensed as a on?	controlled waste carrier either
Yes (please spec	cify) No		

Part 1 Applicant details (continued)	
Have the entity, directors or owner ope legislation in either WA or another juris	erators been found guilty of an offence under any environmental ediction?
Yes (please specify)	No
Do the entity, directors or owner opera	tors have a record of previous unpaid debt with the department?
Yes (please specify)	No
Has the applicant been refused an inte applicant's interstate licence been can	erstate licence or a renewal of an interstate licence, or has the celled, revoked or withdrawn?
Yes (please specify)	No

Part 2 Accounts details						
For payment of WA c	ontrolled waste	tracking forms. Re	efer to Schedule 3	B – Fees in the Regulations.		
Contact details for ac	Contact details for account information Same as primary contact information					
Given and other name(s)						
Surname/family name						
Salutation	Mr	Ms	Miss	Mrs		
Galutation	Other (please specify)					
Email						
Telephone		M	lobile (

Part 3 Employee details for access to the Controlled Waste Tracking System To raise WA controlled waste tracking forms.							
Login details are sent automatically to the employee's email address.							
Given and other name(s)							
Surname/family name							
Salutation	Mr	Ms		Miss	Mrs		
Odiatation	Other (pleas	se specify)					
Date of birth (Required)							
Email (required)							
Contact Number (required)							
Physical work address							
Suburb			State				
Postcode							
Part 4 Interstate Cor	signment Authoris	sation waste r	novemen	t details			
Complete Part 4 to provide details of the Consignment Authorisation issued under the National Environment Protection (Movement of Controlled Waste between States and Territories) Measure 1998 from the relevant jurisdiction, if not issued by WA. If the Consignment Authorisation was issued by the department in WA, then ignore Part 4 and move to Part 5.							
Consignment Authori	sation number						
Issued by		ACT		NSW	NT	QLD	
		SA Othor (r		VIC	WA		
		Other (p	lease spe	ecity)			
Validity period of issu	ed Consignment	Date from					
Authorisation		Date to					

Part 4 Interstate Consignment Authoris		ent details (continu	ıed)		
Controlled waste details			<u>'</u>		
Total volume of waste					
Unit of measurement (kilograms, litres, tonnes)					
Number of loads to be transported					
List waste category(s) being moved interstate (refer to the controlled waste category list on the department's website)					
Dangerous goods class					
Waste form:	Liquid Soil and liquid	Sludge Soil	S	olid	
Containment type:	Drum Other (please	Tank/tanker specify)	IBC	Pallet	
Part 5 Jurisdiction approval/licence de	tails				
Carrier licence details related to interstate Consignment Authorisation waste movement. Note: 1. An appropriate and valid controlled waste carrier/transporter licence is required to move controlled wastes in Australia. 2. If you select 'No' to any of the three questions below, DO NOT continue with this application.					
Will the Consignment Authorisation interstate waste movement be undertaken by a carrier/transporter licensed in a jurisdiction other than WA? Yes No (see note 2 above)					

Yes (please attach a copy and complete Part 5)

Yes (please attach a copy and complete Part 5)

No (see note 2 above)

No (see note 2 above)

Does the transporter/carrier hold a

Does the transporter/carrier hold a relevant approval/licence to transport the controlled waste category(s)

controlled wastes?

stated in Part 4?

relevant approval/licence to transport

Part 5 Jurisdiction approval/licence details (continued)					
Approval/licence number (1)					
Approval/licence number					
	ACT	NSW	NT	QLD	
Issued by	SA	VIC	WA		
	Other (pleas	se specify)			
Duration period of approval/licence	Start date				
	Date of expiry				
Copy of approval/licence attached?	Yes	No			
Do you hold more than one state/ territory carrier licence which will be used to transport the waste interstate as per the issued Consignment Authorisation?	Yes (complete additional carrier licence sections below) No (move on to Part 6)			ns below)	
Approval/licence number (2)					
Approval/licence number					
	ACT	NSW	NT	QLD	
Issued by	SA	VIC	WA		
	Other (please specify)				
Duration period of approval/licence	Start date				
Buration period of approval/license	Date of expiry				
Copy of approval/licence attached?	Yes	No			
Approval/licence number (3)					
Approval/licence number					
	ACT	NSW	NT	QLD	
Issued by	SA	VIC	WA		
	Other (pleas	se specify)			

Part 5 Jurisdiction approval/licence details (continued)					
Duration period of approval/license	Start date				
Duration period of approval/licence	Date of expiry				
Copy of approval/licence attached?	Yes	No			

Part 6 Particulars of vehicle(s) or trailer(s)

Note:

- 1. Prior to transporting any controlled waste, vehicle(s) must be listed in the Controlled Waste Tracking
- 2. Provide details of all vehicles/trailers intended to be used for transporting controlled waste on WA roads. If the vehicle is a prime mover or a prime mover/trailer combination, only the trailer needs to be registered. Prime movers do not need to be registered as packaged controlled waste vehicles.

3. Attach a copy of the registration papers for each vehicle listed on this form.						
Method of transport (you may mark more than one box)	Road Rail Ship					
Type of vehicle to transport waste						
	Yes (please supply approval/licence number and state/territory of issue).					
Are the vehicles licensed or approved to transport controlled waste?	Approval/licence number					
	State/territory of issue					
	No					
Is a licence required for vehicle type?	Yes No(please provide further details below)					
Vehicle details (1)						
Does the vehicle hold a tank or is it a tanker?	Yes No					
Is the vehicle a prime mover or a prime mover/trailer combination?	Yes – only register the trailer (see note 2 above) No					
Registration number						

Part 6 Particulars of vehicle(s) or trailer(s) (continued)						
Make and model						
Year						
Carrying capacity (kg)						
Body type (e.g. tipper, fla	at bed)					
Waste categories to be t the vehicle	ransported in					
	Address					
Physical address at which vehicle/tank will	Suburb					
normally be garaged	State					
	Postcode					
Vehicle details (2)						
Does the vehicle hold a tanker?	tank or is it a	Yes No				
Is the vehicle a prime mo		Yes – only register the trailer (see note 2 above) No				
Registration number						
Make and model						
Year						
Carrying capacity (kg)						
Body type (e.g. tipper, fla	at bed)					
Waste categories to be t the vehicle	ransported in					

Part 6 Particulars of vehicle(s) or trailer(s) (continued)							
Physical address at	Address						
	Suburb						
which vehicle/tank will normally be garaged	State						
	Postcode						
Part 7 Particulars of driv	ver(s)						
Note: 1. Prior to transporting a Waste Tracking Syste 2. Drivers transporting of	em by submittir	ng the list below.		gistered in the Controlled			
Driver details (1)		<u> </u>					
Given and other names(s) as per drive	r's licence issued by	Department of T	ransport			
Surname/family name as	s per driver's li	cence issued by De	partment of Trans	sport			
Salutation	Mr	Ms	Miss	Mrs			
	Other	Other (please specify)					
Date of birth							
Telephone			Mobile				
Driver's licence number issued by Department of Transport	-		Expiry date				
Driver's current resident address	ial						
Suburb			State				
Postcode							

Part 7 Particulars of driver	(s) (continued)						
Driver details (2)							
Given and other names(s) as per driver's licence issued by Department of Transport							
Surname/family name as per driver's licence issued by Department of Transport							
Salutation	Mr	Ms	Miss	Mrs			
Salutation	Other (please specify)						
Date of birth							
Telephone			Mobile				
Driver's licence number issued by Department of Transport			Expiry date				
Driver's current residential address							
Suburb			State				
Postcode							
Part 8 Required Supporting documentation							
Please attach the following as part of your application package. Check each box to confirm you have provided the documentation with this application.							
A copy of your certificate of registration (or certificate of incorporation), or certificate of registration of business name (BRN), or other legal document which demonstrates the ownership as a legal entity.							
A copy of each controlled waste carrier licence issued by another jurisdiction, including dangerous goods licence, if applicable.							
A copy of the issued Consignment Authorisation (only required if issued by another jurisdiction).							
Spill management plan.							
For each vehicle listed, a copy of the vehicle's current registration paper, as issued by the Department of Transport.							

Part 9 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.

I/We have read and understood the Environmental Protection (Controlled 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 proprietors/partners horised 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 au	y 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 of	luly 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		

Department of Water and Environmental Regulation

Part 9 Declaration and signature (continued)					
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					
Printed name in full		Date of signing			
Position					

Department of Water and Environmental Regulation Controlled Waste Controlled Waste Controlled.waste@dwer.wa.gov.au Controlled.waste@dwer.wa.gov.au Environmental Regulation Dep	
Environmental Regulation Controlled Waste Dep Env	erson or by courier to:
Locked Bag 10 By fax to: Prin	eption artment of Water and ronmental Regulation
+61 8 6467 5520	e House vidson Terrace NDALUP WA 6027

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>department's regional office</u>.