

Government of Western Australia Department of Water and Environmental Regulation

Ref No.
Date stamp

Notification of Change of Driver's Employer

Environmental Protection (Controlled Waste) Regulations 2004

FORM CW7

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 Western Australia (WA).

Retain a copy of this form for your records.

If there is insufficient room on any part of this notification form, continue on a separate sheet of paper and attach to this form, numbering ALL pages.

In accordance with regulation 15, a carrier must notify the Department in writing within 14 days of a licensed driver commencing or ceasing to be employed.

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 Nature of Employment					
Mark the relevant box	Commencing employment with carrier listed below				
	Ceasing employment with carrier listed below				

Part 2 Applicant				
Carrier licence number	т			
Carrier name				
Business name				
Does the driver need to be added to a secondary carrier profile on CWTS?		Yes	No	
		If yes, provid	le details	
Carrier Contact Detai	ls for Enquiries			
Contact name				
Position				
Telephone			Mobile	
Facsimile				

Part 2 Applicant (Continued) Email

Part 3 Particulars of Driver								
Complete this section in full. Please do not abbreviate the information.								
Driver Details (1)								
Given name and other name(s) as per driver's licence issued by Department of Transport								
Surname/far	mily name as	per driver's lic	cence issued	by Departmer	nt of Tra	ansport		
		Mr	Ms		Miss		Mı	rs
Salutation		Other (please specify)						
		——————————————————————————————————————		,				
Date of birth								
Email								
Telephone				Mobile				
Postal address								
Suburb			Postcode			State		
Driver's licence number issued by Department of Expiry date Transport								
Does the driver hold a controlled waste driver's licence? Yes No								
Driver Details (2)								
Given name and other name(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 Other (please specify)					rs		

Part 3 Particulars of Driver (Continued)								
Date of birth								
Email								
Telephone				Mobile				
Postal address								
Suburb			Postcode			State		
Driver's licer issued by Do Transport	nce number epartment of Expiry date							
Does the dri	ver hold a co	ntrolled waste	driver's licen	ce?	Y	'es		No
Driver Detai	ls (3)							
Given name	and other na	me(s) as per	driver's licenc	e issued by D	epartn	nent of Tr	anspo	ort
Surname/fai	mily name as	per driver's lic	cence issued	by Departmer	nt of Tr	ansport		
		Mr	Ms		Miss		Mrs	
Salutation		Other (please specify)						
Date of birth								
Email								
Telephone				Mobile				
Postal address								
Suburb			Postcode			State		
	r's licence number d by Department of Expiry date sport							
Does the driver hold a controlled waste driver's licence?			ce?	Y	'es		No	

Department of Environment Regulation

Part 4 Declaration and Signature of Applicant

For this notification to be accepted, it must be signed by a person duly authorised to sign for and on behalf of the applicant.

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.

Name of person duly authorised to sign for and on behalf of company named at Part 2 above; or duly authorised representative of the carrier named at Part 2 above.

Position

Signature of that person

Date of signing

Part 5 Required Supporting Documentation/Information for Notification of Driver Commencing Employment

Please include the following as part of your application package.

Copy of the driver's current controlled waste driver's identification card as issued by the Department

Part 6 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					
	0.00.00						

Enquiries:

For general enquiries regarding controlled waste, telephone Controlled Waste on +61 8 6364 6946.

For regional enquiries regarding premises or issues in your local area, please contact the <u>department's regional office</u>.