



Ref No.
Date stamp

## Application to Transport Anything Other than a Controlled Waste in a Licensed Controlled Waste Vehicle or Tank

*Environmental Protection (Controlled Waste) Regulations 2004*

### FORM CW24

The Department of Water and Environmental Regulation (the Department) regulates the transportation of controlled wastes.

The [Environmental Protection \(Controlled Waste\) Regulations 2004](#) (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.

Allow 30 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 Details

Carrier licence number

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- 1 Company name;
- 2 Partnership;
- 3 Sole Trader (Individual);
- 4 Full name of all trustees; or
- 5 Local government authority/regional council, as appears on documentation.

#### Applicant Details

Applicant name  
(1, 2, 3, 4 or 5)

Address

Suburb

State

Postcode

Postal address

Suburb

State

Postcode

### Part 1 Applicant Details (Continued)

#### Primary Contact Information

Given/first names

Surname/family name

Position title

Email

Telephone

Mobile

### Part 2 Waste/Material Holder Details

**Waste holder** means a person who is in possession or control of a controlled waste on premises or whose apparatus or activities produce controlled waste.

Waste holder name

Australian Business Number (ABN)

Australian Company Number (ACN)

Physical address

Suburb

State

Postcode

Postal address

Same as physical address

Suburb

State

Postcode

#### Primary Contact Information

Given/first names

Surname/family name

Salutation

Mr

Ms

Miss

Mrs

Other (please specify)

**Part 2 Waste/Material Holder Details (Continued)**

Position		
Telephone		Mobile
Email		

**Part 3 Waste/Material Generation Details**

Was the waste generated by the waste holder?	Yes (go to Part 4)
	No (complete details below)
	Waste generator name:
	Physical address:

**Part 4 Physical Location of Waste**

Is the waste located at the waste holder's physical address listed in Part 2?	Yes (go to Part 5) No
Is the waste located at the waste generator's physical address listed in Part 3?	Yes (go to Part 5) No (complete physical location details below) Physical location of waste:

**Part 5 Waste/Material Description**

In order to determine if the material is in fact not a controlled waste, and to prevent any delays when assessing your application, please ensure your waste description is detailed and complete.  
A chemical analysis of waste is required unless the material is from a well-established or documented industrial process.

Waste type	
Waste source	
Other waste description details	

**Part 5 Waste/Material Description**

Is a chemical analysis of the waste attached?	Yes	No	
Waste form	Liquid	Sludge	Solid
	Soil and liquid		Soil
NEPM waste code		ANZSIC code	
Dangerous Goods class		UN number	
Current containment type	Drum	Tank	IBC
	Pallet	Other (please specify below)	
How many loads will be transported?		Total volume of waste (kg, L, t)	
When will the waste be transported?	to		

**Part 6 Vehicle/Tank Details**

Vehicle registration or tank ID number		Vehicle/tank capacity (litres)	
Dangerous Goods licence number (if applicable)		Dangerous Goods licence expiry date	

**Part 7 Driver Details**

Given name and other name(s) as per driver's licence			
Surname/family name as per driver's licence			
Salutation	Mr	Ms	Miss
	Mrs		
	Other (please specify)		
Date of birth		Telephone	
Mobile			

Driver's licence number		Expiry date	
Driver's current residential address			
Suburb		State	
Postcode			
Does the driver need to be added to a secondary carrier profile on CWTS?	Yes	No	

### Part 8 Waste Facility Details

Name of waste facility			
Waste facility licence number issued under Part V of the <i>Environmental Protection Act 1986</i>			
Location/address of facility			
Suburb		State	
Postcode			
Primary Contact Information			
Given/first names			
Surname/family name			
Salutation	Mr	Ms	Miss Mrs
	Other (please specify)		
Telephone		Mobile	
Do you have confirmation from the waste facility that they are able and willing to accept the listed waste?	Yes  No (please provide further details below)		

**Part 8 Waste Facility Details (Continued)**

Method of disposal or treatment	Recycling	Immobilisation	Landfill
	Energy	Incineration	Chemical treatment
	Thermal desorption	Storage	Physical treatment
	Other (provide details below)		
Is the waste to undergo further treatment/ disposal at another facility?	Yes (please provide further details below.)		
	Name of waste facility:  Waste facility licence number issued under Part V of the <i>Environmental Protection Act 1986</i> :  No		

**Part 9 Vehicle/tank cleaning process**

What processes will be put in place to clean the tank before and after transporting material that is not controlled waste?

Please provide a detailed description of methodology, including the proposed location of cleaning.

Cleaning location			
Suburb		State	
Postcode			

**Part 10 Disposal/treatment of washings/residues**

Please provide details on the treatment or disposal method for the washings/residues resulting from the cleaning of the tank.

Washing/ residues Treatment/ disposal address	
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Suburb		State	
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Postcode		
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**Part 11 Justification for request**

Outline the reasons as to why compliance with the Regulations cannot be achieved and non-controlled waste must be transported in a licensed vehicle or tank (nb: Administrative and financial matters presented as a justification are not relevant considerations in the assessment of this application).

**Part 12 What measures will be undertaken to ensure that material is not mistaken for controlled waste during collection and transport?**

How will controlled waste signage be obscured?

**Part 13 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

**Or Business Proprietors/Partners**

(Any duly authorised partner to sign this application form.)

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 authorised to sign on behalf of your company, sign this part of the form.)

Signature of person duly authorised to sign for and on behalf of the company

Printed name in full

Date of signing

Position

**OR Trust**

(All trustees duly authorised to sign this application form.)

Signature of trustee

Signature of trustee

Printed name in full

Printed name in full

Date of signing

Date of signing



**Part 13 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

**Part 14 Required supporting documentation/information**

Please include the following as part of your application package.

A letter of confirmation from each of the nominated waste facilities confirming that they will take receipt of the nominated waste types.

Copy of the chemical analysis or MSDS of the material/waste.

**Part 15 Lodgement**

By post to:

Department of Water and Environmental Regulation

Controlled Waste

Locked Bag 33

CLOISTERS SQUARE WA 6850

By email to:

[controlled.waste@dwer.wa.gov.au](mailto:controlled.waste@dwer.wa.gov.au)

By fax to:

+61 8 6467 5520

In person or by courier to:

Reception

Department of Water and Environmental Regulation

Level 4, The Atrium

168 St Georges Terrace

PERTH 6000

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 [regional DWER office](#).

**Office Use Only**