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| --- | --- |
| Application for a fireworks contractor licence | Application no. *(office use only)* |
|  |
| *Dangerous Goods Safety Act 2004*Dangerous Goods Safety (Explosives) Regulations 2007ABN: 69 410 335 356 |

Refer to ***Fireworks contractor licence – general information*** for guidance in completing this application.

## 1. Fireworks operator details

|  |  |
| --- | --- |
| Name of fireworks operator associated with this licence |  |
|  |  |  |  |  |  |
| Licence number | EFO |  |

## 2. Applicant details (For individual, complete 2A and 2C. For body corporate and partnership, complete 2B and 2C)

**2A Individual**

|  |  |  |  |
| --- | --- | --- | --- |
| Family name |  | Given names |  |
|  |  |  |  |  |  |
| Date of birth | DD / MM / YYYY | Email  |  |
|  |  |  |  |  |  |
| Phone no. (day) |  | Mobile phone no. |  |

**2B Body corporate or partnership**

|  |
| --- |
| Full legal name as shown on certificate of incorporate/partnership documents |
|  |
|  |  |  |  |  |  |
| ACN |  | Email  |  |
|  |  |  |  |  |  |
| Phone no. (day) |  | Mobile phone no. |  |

**2C Address details**

|  |
| --- |
| **Residential address** |
|  |  |  |  |  |  |
| Unit no.  |  | Street no. |  | Lot no. |  | Street name |  | Type | e.g. St, Rd |
|  |  |  |  |  |  |
| Town / suburb |  | State |  | Postcode |  |
|  |  |  |  |  |  |
| **Postal address (if different to residential)** |
|  |  |  |  |  |  |
| Unit no.  |  | Street no. |  | Lot no. |  | Street name |  | Type | e.g. St, Rd |
|  |  |  |  |  |  |
| PO Box no. |  | Town / suburb |  | State |  | Postcode |  |

**The following supporting evidence must be lodged with your application (if applicable)**

## 3. Fireworks operator licence

A legible colour copy of both sides of the fireworks operator licence as detailed in item 1.

## 4. Proof of entity

* **Individual** – copy of both sides of the fireworks operator licence as per item 3.
* **Body corporate** – the original or original certified copy of the Certificate of Incorporation.
* **Partnership** – the original or original certified copy of the evidence of the partnership and a statutory declaration from each partner must be lodged with your application, stating:
	+ the name of the partnership
	+ the name, residential address and contact details of all partners and the business which the partnership is engaged in.

## 5. Relevant offence (individual applicants only)

The original or original certified copies of all documents detailing any conviction and/or charge pending of a relevant offence.

## 6. Explosives management plan (EMP)

A copy of the EMP.

## 7. Declaration

I declare the information provided in this application and the documents provided in support of it, are true and correct.

I understand that providing false or misleading information in an application is an offence.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of applicant |  | Date | DD / MM / YYYY |

## 8. Payment and contact details

Payment must be by Visa, or Mastercard credit cards. You will be contacted by telephone for payment on the telephone number provided in your application.

If a person other than yourself is to pay for this application, please provide relevant contact details below. **Incomplete information may delay the processing of your application**

**Payment contact details**

|  |  |
| --- | --- |
| **Payer name** (must be completed even if a company is paying) |  |
| **Payer company** (if a company is paying) |  |
| **Payer daytime telephone number**  |  | **Payer mobile number** |  |
| **Payer email address** |  |

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| --- |
| **9. Enquiry contact details**  |
| **Business Address**Department of Mines, Industry Regulation and SafetyDangerous Goods Licensing BranchLevel 1, 303 Sevenoaks Street (Entrance on Grose Avenue)CANNINGTON WA 6107Business hours: 8.30 am – 4.30 pm**Ph:** 6251 2300 **Email:** cso@dmirs.wa.gov.au | **Postal Address**Department of Mines, Industry Regulation and SafetyDangerous Goods Licensing BranchLocked Bag 100EAST PERTH WA 6892  |