



Surrender of licence notification

Dangerous Goods Safety Act 2004 and regulations

ABN: 69 410 335 356

Please complete the relevant details below and lodge your form with the Department. Lodgement details are provided over. Confirmation of the surrender will be sent to the email address provided. Please retain a copy of this notification for your records. **The surrender of licence may not be processed prior to receiving further notices or information relating to the licence. Please disregard these notices if received.**

1. Licence holder's details

Licence holder's name	<input type="text"/>					
Licence number to be surrendered	<input type="text"/>					
ABN (if applicable)	<input type="text"/>	Phone no.	<input type="text"/>			
Mobile no.	<input type="text"/>	Email	<input type="text"/>			
Residential or business address						
Unit no.	<input type="text"/>	Street no.	<input type="text"/>	Lot no.	<input type="text"/>	
Street	<input type="text"/>			Type	<input type="text"/>	
Town / suburb	<input type="text"/>		State	<input type="text"/>	Postcode	<input type="text"/>

2. Complete for dangerous goods sites, explosives, security sensitive ammonium nitrate licences

Please tick applicable box(es)

- All dangerous goods have been removed from the site
- Dangerous goods stored onsite do not exceed manifest quantities as prescribed by Schedule 1 of the Dangerous Goods Safety (Storage and Handling of Non-Explosives) Regulations 2007
- All underground tanks have been removed / decommissioned
- All explosives and magazines have been removed from the site

3. Refund details

The application will be assessed to determine if a refund is due. If due, the money will be deposited by EFT payment to the payer's bank account. Please provide the payer's bank details.

BSB	<input type="text"/>	Account number	<input type="text"/>	Bank	<input type="text"/>
Branch	<input type="text"/>		Account name	<input type="text"/>	

4. Declaration

I am the licence holder or the person authorised by the licence holder to have authority to surrender the above licence.

Name	<input type="text"/>				
Position in company (if applicable)	<input type="text"/>				
Signature	<input type="text"/>			Date	<input type="text" value="DD / MM / YYYY"/>

5. Lodgement details

Lodgement options

Complete this application form and submit with the required supporting information.

By email

csso@dmirs.wa.gov.au

By post

Department of Mines, Industry Regulation and Safety
100 Plain Street, East Perth WA 6004

In person

Department of Mines, Industry Regulation and Safety
1 Adelaide Terrace, East Perth
Office hours: 8.30 am to 4.30 pm
Telephone: (08) 9358 8001

Dangerous goods vehicle licence *only*

Your application must be lodged via the online departmental submissions portal. Save your completed application form to your computer.

To commence your application, click on Submit application. When in the portal select *Surrender of licence* in the drop down box selector and attach your saved application form along with any supporting information required.

[Submit application](#)

For more information on submitting an application electronically via the departmental submissions, see [Departmental submissions flyer](#)