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

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