



APPLICATION FOR APPROVAL AS AN EMERGENCY RESPONDER TO DANGEROUS GOODS INCIDENTS

1. EMERGENCY RESPONDER COMPANY DETAILS

Operator's full name	
Trading name	
ABN / ACN	
Postal address	
Site address	
Phone no.	Fax no.
Email	
Contact person's full name	
Contact person's 24 hour contact details	
Other contact details (if any)	

2. APPROVAL IS REQUESTED FOR THE FOLLOWING CATEGORIES

CATEGORY	DETAILS
All classes and divisions except Class 1 and 7 and Division 6.2	
Specific class/es or division/s	
Specific dangerous goods	

3. ATTACH THE FOLLOWING*

- i. Details of relevant personnel's knowledge and experience of dangerous goods response.
- ii. Details of company's emergency response equipment.
- iii. Copy of standard operating procedures.
- iv. Details of emergency response records maintained.

** Refer to the emergency responders approval guide for further information. Available from www.dmp.wa.gov.au/ResourcesSafety in the dangerous goods publications section*

 Signature

 Date