



Application for a fireworks operator licence

Application no. (office use only)

Dangerous Goods Safety Act 2004

Dangerous Goods Safety (Explosives) Regulations 2007

ABN: 48 723 237 878

Refer to www.wa.gov.au - **Fireworks operator licence – general information** for guidance in completing this application.

1. Type of application (please tick applicable)

(N) and (U) denotes requirements for application type

New application (N) Upgrade to licence (U) Licence number **EFO**

2. Applicant details (applicants must be at least 18 years of age) (N) (U)

Family name Given names

Date of birth Email

Phone no. (day) Mobile phone no.

Residential address

Unit no. Street no. Lot no. Street name Type

Town/suburb State Postcode

Postal address (if different to residential)

Unit no. Street no. Lot no. Street name Type

PO Box no. Town/suburb State Postcode

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

3. Security clearance (N)

Legible colour copy of both sides of your current security clearance.

4. Photograph (N)

A colour passport photograph with your signature and name printed on the back.

The photograph must have been taken not more than six months before the day the application is lodged.

5. Proof of entity (N)

A colour copy of one of the following **current** documents is required.

- Motor driver's licence issued from any Australian State or Territory or New Zealand
- Australian passport
- Licence or permit issued by an Australian State or Territory
- Proof of Age Card

6. Medical certificate (N)

The original medical certificate assessed against the standards in *Assessing Fitness to Drive for Commercial and Private Vehicle Drivers*.

Dated not more than six months before the day the application is lodged.

7. Competency (N) (U)

A detailed summary of your practical experience.

8. Relevant offence (N)

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

9. Consent and declaration (N) (U)

For the purpose of deciding this application, I consent to the Department of Mines, Industry Regulation and Safety:

- Contacting the certifying medical practitioner or other medical professionals in regard to information provided on, or with the medical certificate.

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

10. Payment and contact details (N)

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			

11. Lodgement details

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

By email

cs0@lgirs.wa.gov.au

By post

Department of Local Government, Industry Regulation and Safety
Dangerous Goods Licensing Branch
Locked Bag 14 Cloisters Square PERTH WA 6850

In person

Department of Local Government, Industry Regulation and Safety
Level 1, 303 Sevenoaks Street, CANNINGTON WA 6107 (Entrance on Grose Avenue)
Office hours: 8.30 am to 4.30 pm
Telephone: (08) 6251 2300 Option 2