

Ref No.

Contaminated sites auditor scheme

*Contaminated Sites Regulations 2006 regulation 40*

*Mutual Recognition Act 1992 (Commonwealth) Part 3 [section 19(1)]*

Form B: Notification seeking registration in Western Australia under the mutual recognition principle

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| This form is for **mutual recognition as a contaminated sites auditor under Part 3 of the *Mutual Recognition Act 1992* (Commonwealth)**. Please also complete and attach **form D**. |

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| **Part 1 Auditor details**Details of auditors accredited under the principle of mutual recognition will be added to the [Department of Water and Environmental Regulation’s website](https://www.der.wa.gov.au/your-environment/contaminated-sites/53-contaminated-sites-auditors). |
| Full name |   |
| Contact address |   |
| Postal address (if different from above) |   |
| Telephone |   |
| Mobile |   |
| Fax |   |
| Email |   |
| Current employer(company name) |   |

| **Part 2 Required information/documentation** |
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| This notification cannot be processed without these being attached/completed. |  |  |
| What term of accreditation are you seeking in WA? (*Maximum of five years*) |  years |

| **Part 2 Required information/documentation** |
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| List other Australian states and territories where you are currently accredited as a contaminated sites auditor. Specify whether you hold substantive registration, interim deemed registration or automatic deemed registration in each state or territory listed. |
| Jurisdiction | Click here to enter text. | Appointment date | Click here to enter a date. | Expiry date | Click here to enter a date. |
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| Jurisdiction | Click here to enter text. | Appointment date | Click here to enter a date. | Expiry date | Click here to enter a date. |
|  | Yes | No |
| Are you subject to any disciplinary proceedings (including preliminary investigations or action that might lead to disciplinary proceedings) in any of the above jurisdictions in relation to your accreditation as an auditor? |[ ] [ ]
| Is your accreditation in any of the above jurisdictions cancelled or currently suspended as a result of disciplinary action?  |[ ] [ ]
| Are you otherwise prohibited from carrying on your auditor role, or is your accreditation subject to any conditions as a result of criminal, civil or disciplinary proceedings in any of the above jurisdictions? |[ ] [ ]
| If ‘Yes’ to any of the above please provide details (jurisdiction, date, grounds, etc.) |
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| Is your auditor accreditation in any jurisdiction subject to conditions? |[ ] [ ]
| If ‘Yes’ please provide details (jurisdiction and condition/s specified) |
|   |
|  | Yes | No |
| Have you attached evidence of your existing accreditation/s? |[ ] [ ]
| Have you attached details of your current auditor [professional indemnity] insurance (refer regulation 59A of the Contaminated Sites Regulations 2006)? |[ ] [ ]
| Do you consent to DWER making enquiries of, and exchanging information with, the authorities of any relevant state or territory regarding your activities as an auditor? |[ ] [ ]
| Have you provided details of your supporting experts? (refer Form D) |[ ] [ ]

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| **Part 3 Payment** |
| Payment is required before you carry out a function as an auditor in WA - 250 fee units (currently $5,500) per year for the period of accreditation being sought.Have you attached the correct payment? |[ ] [ ]

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| **Part 4 Declaration and signature** |
| Under the *Mutual Recognition Act 1992* (Commonwealth), Part 3 [section 23(1)], a local registration authority may refuse to grant registration under the mutual recognition principle if:1. any of the statements or information in the notice as required by section 19 are materially false or misleading; or
2. any document or information as required by subsection 19(3) has not been provided or is materially false or misleading; or
3. the authority decides that the occupation in which registration is sought is not an equivalent occupation and equivalence cannot be achieved by imposition of conditions.
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| **I declare that the information in this form, and provided with this form, is true and is not misleading in any material particular and that I have disclosed all information that I know is materially relevant to this notification.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Click here to enter a date.(Auditor’s signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Full name in block capitals) |