



Controlled Waste Tracking System (CWTS) Access Form – Industry

Environmental Protection (Controlled Waste) Regulations 2004

FORM CW11

The Department of Water and Environmental Regulation (the Department) regulates the transportation of controlled wastes.

The [*Environmental Protection \(Controlled Waste\) Regulations 2004*](#) (the Regulations) provide for the licensing of carriers, drivers, and vehicles involved in the transportation of controlled waste on roads in Western Australia (WA).

Retain a copy of this form for your records.

Allow five days for the Department to process complete forms.

If there is insufficient room on any part of this form, continue on a separate sheet of paper and attach to this form, numbering ALL pages.

Incomplete or illegible applications will not be processed. If you are unsure about completing any part of this application, please contact Controlled Waste on +61 8 6364 6946.

Part 1 Access Request Type

More than one type of access may apply.

What Type of CWTS Access is being Requested?

☐

Carrier

☐

Waste facility

☐

Waste holder

What Access Level is Required?

☐

Manager

☐

Data entry

Part 2 Company Details (Employer)

Company name

Carrier licence
number (if
applicable)

T

Australian Business
Number (ABN)

Australian Company
Number (ACN)

If access is being sought to multiple company profiles, please list each child profile.

Child profile name

CTWS
Organisation ID

Child profile name

CTWS
Organisation ID

Child profile name

CTWS
Organisation ID

Child profile name

CTWS
Organisation ID

Part 3 Designating an Agent

Is third party/agent access required to another company's CWTS profile?

☐

No

☐

Yes – Please refer to Form CW12 Agency agreement.

Part 4 Employee Information (Employee Requesting CWTS Access)

Login details are sent automatically to the employee email address.

Given/first names

Surname/family name

Salutation

☐

Mr

☐

Ms

☐

Miss

☐

Mrs

☐

Other (please specify)

Date of birth
(Required)

Email
(Required)

Contact Number
(Required)

Physical Work
Address

Suburb

State

Postcode

Part 5 Employer Declaration and Signature

Must be signed by a representative of the company who has the authority to sign on behalf of the company or who already has CWTS manager access for the company.

By signing this form you are declaring that the statements on this form are true and correct. Providing false or misleading information is grounds for revocation or suspension of a licence.

DWER collects and uses your personal information to process your request, and handles it in accordance with [DWER's general collection notice](#) and the [Privacy and Responsible Information Sharing Act 2024 \(WA\)](#).

I declare that I am authorised to sign on behalf of the company.

I declare that the statements made in this application are true and correct.

Signature
of company
representative

Date of
signing

Printed name
in full

Position of
company
representative

Part 6 Required Supporting Documentation/Information

Please include the following as part of your application package.

If applying for waste holder access, please provide a copy of correspondence from the waste carrier confirming permission to access their data.

If third party/agent access is required to another company's CWTS profile, please provide a completed Form CW12: CWTS—agency agreement form.

Part 7 Lodgement

By post to:

Department of Water and
Environmental Regulation
Controlled Waste
Locked Bag 10
JOONDALUP DC WA 6919

By email to:

controlled.waste@dwer.wa.gov.au

By fax to:

+61 8 6467 5520

In person or by courier to:

Reception
Department of Water and
Environmental Regulation
Prime House
8 Davidson Terrace
JOONDALUP WA 6027

Enquiries:

For general enquiries regarding controlled waste, telephone Controlled Waste on +61 8 6364 6946.

For regional enquiries regarding premises or issues in your local area, please contact the [regional DWER office](#).

Office Use Only

Authorised Controlled Waste Officer

Signature

Date

Issued CWTS access identification number

Issued CWTS user name