



## Controlled Waste Tracking System (CWTS) Access Form – Industry

*Environmental Protection (Controlled Waste) Regulations 2004*

### FORM CW11

The Department regulates the transportation of controlled wastes.

The Regulations provide for the licensing of carriers, drivers, and vehicles involved in the transportation of controlled waste on roads in Western Australia.

#### 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 the Department on (08) 6467 5000.**

#### Part 1 Access request type

More than one type of access may apply.

What category of access to the CWTS are you seeking?

Carrier

Waste facility

Waste holder

What level of access to the CWTS are you seeking?

Manager

Data entry

#### Part 2 Company details (employer)

Provide company branch details if your company has multiple branches with separate accounts.

Carrier name

Australian Business  
Number (ABN)

Australian Company  
Number (ACN)

Company branch

Physical address

Suburb

State

Postcode

## Part 2 Company details (employer) (continued)

Postal address	Same as business address		
Suburb		State	
Postcode			

## Part 3 Designating an agent

Is third party/agent access required to another company's CWTS profile	No  Yes – Form CW12 Agency agreement must be completed, signed and attached.
--	--

## Part 4 Employee information (applicant requesting CWTS access)

Login details are sent automatically to employee email address.  
The form will not be processed without an email address.

Given/first name				
Surname/family name				
Salutation	Mr	Ms	Miss	Mrs
	Other (please specify)			
Date of birth				
Email				
Telephone		Mobile		

## Part 5 Declaration and signature

Must be signed by an employee of the carrier that already has manager access to the CWTS.  
**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.**  
If additional space is required, please photocopy this page and attach as part of your application form.

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

**Office**

Signature of individual		Date of signing	
-------------------------	--	-----------------	--

**Declaration and signature (continued)**

Printed name in full	
----------------------	--

**Part 7 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 8 Lodgement**

By post to: Department of Environment Regulation Controlled Waste Locked Bag 33 CLOISTERS SQUARE WA 6850	By email to: <a href="mailto:cwts@der.wa.gov.au">cwts@der.wa.gov.au</a>	In person or by courier to: Reception Department of Environment Regulation Level 4, The Atrium 168 St Georges Terrace PERTH 6000
	By fax to: (08) 6467 5520	

Enquiries:

For general enquiries regarding controlled waste, telephone the Department on 6467 5000 and your call will be directed appropriately.

For regional enquiries regarding premises or issues in your local area, please contact the regional DER office [www.der.wa.gov.au/regionaloffice](http://www.der.wa.gov.au/regionaloffice).

**Office use onl**

Authorised Controlled Waste Office			
Signature		Date	
Issued CWTS access identification numbe			
Issued CWTS user name			