



Application no. (office use only)

Application for a shotfiring licence

Dangerous Goods Safety Act 2004

Dangerous Goods Safety (Explosives) Regulations 2007

ABN: 69 410 335 356

Refer to [Shotfiring 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

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)

Legible colour copy of both sides of your current motor driver's licence.

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)

The original Statement of Attainment certificate.

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

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 and Petroleum:

- 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 type (please tick) Credit card Cheque Money order

Cheque and money orders made payable to: Department of Mines and Petroleum

Payments will not be accepted by either Electronic Bank Transfer (EFT) or a direct bank debit.

Complete this section if paying by credit card

Card type	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa		
Card number	_____/_____/_____/_____		Expiry date	MM / YYYY
Cardholder's name (please print)				
Signature of cardholder				
Cardholder's phone number		Amount	\$	
Mailing address Resources Safety Department of Mines and Petroleum 100 Plain St EAST PERTH WA 6004	Business address 1 Adelaide Terrace EAST PERTH Business hours: 8.30 am – 4.30 pm Ph: 9358 8001 Email: rsdcustomerservices@dmp.wa.gov.au			