



Application for a fireworks contractor licence

Application no. (office use only)

Dangerous Goods Safety Act 2004

Dangerous Goods Safety (Explosives) Regulations 2007

ABN: 69 410 335 356

Refer to [Fireworks contractor licence – general information](#) for guidance in completing this application.

1. Fireworks operator details

Name of fireworks operator associated with this licence

Licence number

EFO

2. Applicant details (For individual, complete 2A and 2C. For body corporate and partnership, complete 2B and 2C)

2A Individual

Family name

Given names

Date of birth

DD / MM / YYYY

Email

Phone no. (day)

Mobile phone no.

2B Body corporate or partnership

Full legal name as shown on certificate of incorporate/partnership documents

ACN

Email

Phone no. (day)

Mobile phone no.

2C Addresses

Residential address

Unit no.

Street no.

Lot no.

Street name

Type

e.g. St, Rd

Town / suburb

State

Postcode

Postal address (if different to residential)

Unit no.

Street no.

Lot no.

Street name

Type

e.g. St, Rd

PO Box no.

Town / suburb

State

Postcode

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

3. Fireworks operator licence

A legible colour copy of both sides of the fireworks operator licence as detailed in item 1.

4. Proof of entity

- **Individual** – copy of both sides of the fireworks operator licence as per item 3.
- **Body corporate** – the original or original certified copy of the Certificate of Incorporation.
- **Partnership** – the original or original certified copy of the evidence of the partnership and a statutory declaration from each partner must be lodged with your application, stating:
 - the name of the partnership
 - the name, residential address and contact details of all partners and the business which the partnership is engaged in.

5. Relevant offence (individual applicants only)

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

6. Explosives management plan (EMP)

A copy of the EMP.

7. Declaration

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

8. Payment and contact details

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			