

Liquid Waste Hauler Authorisation Application Form

Complete this application (signed by an authorised company representative) and submit along with proof of registration with WorkCover SA and your public liability insurance cover to the value of \$10,000,000 to the following address:

SA Water Corporation
GPO Box 1751
ADELAIDE SA 5001
Attention: Hauled Waste Officer

You **must** organise an induction for each driver for deliveries to the specific SA Water Septic Waste Disposal Stations at which waste will be discharged.

SECTION A – General information

Hauler/ Contractor Company
Name:

Registered Business/Company
Name:

ACN or ABN (as applicable):

EPA category B licence number:

Address:

Contact person:

Telephone and Mobile Telephone:

Fax:

Email Address:

Number of Access Cards Required:
(One required per vehicle)

SECTION B – Specific business details

We will issue electronic access cards, for access to and activation of electronic Septic Waste Disposal Stations.

Details of all truck(s), driver(s) and intended SWDS usage are required for issuing of separate access cards and our site induction records:

Vehicle/ Trailer Registration	Vehicle/ Trailer Capacity (Litres)

**Please continue overleaf if necessary*

Driver Name	Driver License Number

**Please continue overleaf if necessary*

Please indicate which Septic Waste Disposal Station(s) you will discharge to by ticking box:

- | | | | |
|----------------------------------|---------------------------------------|--|--|
| Bolivar <input type="checkbox"/> | PARPS <input type="checkbox"/> | Christies Beach <input type="checkbox"/> | Heathfield <input type="checkbox"/> Mt |
| Gambier <input type="checkbox"/> | Port Lincoln <input type="checkbox"/> | Port Augusta <input type="checkbox"/> | Port Pirie <input type="checkbox"/> |

SECTION C – CHECKLIST

Tasks/Activities	Initial once complete
Read the liquid waste hauler guideline	
Complete the liquid waste hauler authorisation application form	
Attach confirmation of WorkCover SA registration	
Attach confirmation of insurance cover	
Arrange driver inductions	

Authorised representative's statement:

The information as submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware of the terms and conditions associated with liquid waste hauler permits and that there are significant penalties for submitting false information, including the possibility of withdrawal of access to SA Water septic waste disposal stations. I am legally entitled to make application on behalf of the organisation specified within Section A of this application.

I hereby apply for a permit.

Name: _____ Title: _____

Signature: _____ Date: _____