Liquid Hauled Waste



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:





You <u>must</u> 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/ T	railer Registration	Vehicle/ Trailer	Capacity (Litres)
*Please continue o	verleaf if necessary		
Dri	ver Name	Driver Licer	nse Number
*Please continue o	verleaf if necessary		
Please indicate whi	ich Septic Waste Disp	osal Station(s) you will disch	arge to by ticking box
Bolivar Gambier	PARPS Port Lincoln	Christies Beach Port Augusta	Heathfield M Port Pirie
SECTION C - CHEC	KLIST		
	Tasks/Ac	tivities	Initial
			once complete
	aste hauler guideline id waste hauler auth	e orisation application form	
	on of WorkCover SA on of insurance cove	•	



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:

