



Industrial Poisons Permit Application Form

Medicines and Poisons Act 2014



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INSTRUCTIONS and INFORMATION

1. This application form is for a new **Industrial Poisons Permit** to purchase poisons for use in a business for industrial purposes. This type of permit is most commonly issued for Schedule 7 poisons.
- This application form is also suitable for use by a government agency to apply for a Permit to use poisons for the purpose of carrying out the activities of that agency.
- This application form **MUST** be completed by the nominated applicant who will be:
- the individual permit holder or
 - a corporate officer, if the permit is being issued to a body corporate or
 - a partner, if the permit is to be issued to a partnership
- The applicant must be suitably qualified and understand the requirements and terminology contained in this application form.
- All communication will ONLY be with the nominated Permit holder, corporate officer or partner.**
- To request a change to an existing permit, please complete an Application to Change an existing Industrial Poisons Permit, found at: [Application forms for Licences and Permits](#)
- There are five parts to this form:
- Part 1: Application form for an Industrial Poisons Permit.
- Part 2: Personal Information: Identification, Fitness and Probity to be completed by the nominated applicant.
- Part 3: Personal Information: Identification, Fitness and Probity to be completed by the nominated responsible person.
- Part 4: Payment and checklist.
- Part 5: Appendix
2. **Permit holder, qualifications / training / experience**
- 2.1 Permits can be issued to:**
- a) Individual applicants, who must:
- complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 17.
 - have qualifications / training and experience handling the poisons on the Permit
 - have authority within the business to determine policies and procedures in relation to handling poisons on the Permit.
- b) Body corporate (corporation) or partnership where:
- each corporate officer (directors, company secretary, chief executive officer, general manager and chief financial officer), or each partner must complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 17.
- 2.2 Permits issued to a corporation or partnership**
- The corporation or partnership must always employ a person who:
- has qualifications / training and experience handling the poisons on the Permit
 - has authority within the corporation or partnership to determine policies and procedures in relation to handling the poisons on the Permit.
 - has other relevant qualifications dependent on the type of poison on the Permit.
- 2.3 Permit holder responsibilities**
- If the Permit is issued, it is the responsibility of the applicant (Permit holder) to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and any conditions placed on the Permit.
- The Permit holder must also consider whether they have capacity to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and compliance with conditions placed on the Permit for every premises listed on the Permit. The Department may request further information in relation to this capacity.
- The Permit holder should review standard operating procedures of the business to check they are consistent with the mandatory requirements of the legislation and any conditions placed on the Permit.
- There are penalties in the Act for providing false or misleading information when applying for a Permit.



3.	<p>Person responsible for a premises and qualifications and/or experience. An individual person must also be nominated as a responsible person to have overall responsibility for each premises to be included on the Permit. The role of the responsible person is to manage the poisons on a day to day basis and be the contact person if the Permit holder is not available.</p> <p>The responsible person for a premises must:</p> <ul style="list-style-type: none">• be employed or contracted by the Permit holder• reside in WA• complete Part 3: Personal Information: Identification, Fitness and Probity• sign the declaration at Section 22. <p>3.1 Responsible person for a Permit issued to an individual person: The responsible person for a premises when a Permit is issued to an individual person can be the:</p> <p>a) Permit holder, only if the Permit is issued to an individual person and not a corporation or partnership. or</p> <p>b) the most senior person at the premises who has qualifications / training / experience in managing the industrial poisons.</p> <p>3.2 Responsible person for a Permit issued to a corporation or partnership The responsible person for a premises when a Permit is issued to a corporation or partnership can be</p> <p>a) the most senior person at the premises who has qualifications / training and experience in managing the poisons on the Permit. or</p> <p>b) a person within the corporation or partnership who has qualifications / training and experience managing the poisons on the Permit. This person must also have authority within the corporation or partnership to determine policies and procedures in relation to managing the poisons. Refer to 2.2</p> <p>Please note: a responsible person must consider whether they have capacity to oversee the day to day management of poisons at every premises for which they are responsible. Where a single person is responsible for multiple premises, the Department may request further information in relation to this capacity.</p>
4.	<p>Required documents The applicant and responsible person are required to submit copies of certain documents. If documents are not in English, also attach a translation certified as completed by a National Accreditation Authority for Translators and Interpreters (NAATI) accredited translator. Copies of photographic identification documents, such as a driver's licence or passport must be certified as a true copy. A list of people who can certify copies of documents is found in Appendix A.</p>
5.	<p>Signatures All signatures must be signed in ink or via a verifiable electronic signature. An electronic signature is only acceptable if the submitted application allows the Department to verify the signature.</p> <p>A "signature" that is copied and pasted and a "signature" that is the person's name in a font style resembling hand writing will not be accepted.</p> <p>The nominated Permit holder must sign the Declaration at Section 11 for obtaining a Permit. If the Permit will be held by a corporation or partnership, a corporate officer or partner must sign the Declaration.</p>
6.	<p>Processing applications Applications will be processed in order of receipt after payment has been processed by Finance, provided the required fee has been paid. To ensure a timely decision about your application please:</p> <ul style="list-style-type: none">• Complete all required Sections of the application,• Attach all requested documentation to the application,• Respond to requests from the Department for additional information as soon as possible,• Make sure appropriate staff are available if the Department needs to conduct a premises inspection,• Please do not submit your application as a digital image (photograph).



7.	Issuing a Permit Applying for a Permit does not guarantee a Permit will be issued. An application must be deemed complete and payment received before the application is sent to the approvals team where a desktop risk assessment is conducted by an authorised officer. The Department assesses each application individually and may decide against issuing a Permit. If the Permit is issued: <ul style="list-style-type: none">• it will expire 1 year after the date of issue,• a renewal application will be mailed to the postal address approximately 2 months prior to expiry.<ul style="list-style-type: none">○ It is the Permit holder's responsibility to inform the Department if the postal address changes. If the Permit is not issued: <ul style="list-style-type: none">• the applicant will be provided with details of the reasons in writing,• the yearly Permit fee will be refunded,• the application fee is non-refundable.
8.	Extra Information When applying for a Permit, please refer to the: Guide to applying for a Licence or Permit
9.	Submitting the application Please email completed form and other requested documentation to: mprb@health.wa.gov.au
Incomplete applications may be delayed or returned to the applicant	

Please keep a copy of the completed application form for reference



PART 1: APPLICATION for an INDUSTRIAL POISONS PERMIT

1. Details of applicant (nominated Permit holder)

Refer to instruction number 2, for information on the requirements for being a Permit holder.

Name of Legal Entity (may be different to business or trading name):

Business or trading name:

Type of Permit (tick which one applies):

- Individual person (on behalf of a business/department). Complete section 1.1 and 1.3 to 1.6
- Body Corporate (corporation) or partnership. Complete Section 1.2 and 1.3 to 1.6

1.1 Permit to be issued to an individual person (on behalf of a business)

Title: Forename/s: Surname:

Postal address: Suburb: Postcode:

Telephone: Fax: Email:

Position in business:

The applicant **must complete Part 2: Personal Information: Identification, Fitness and Probity.**

1.2 Corporation or partnership. Tick which one applies

- Corporation**
Each corporate officer: directors, company secretary, chief executive officer, general manager and chief financial officer must complete Part 2: Personal Information: Identification: Fitness and Probity; and
1.2.1 **Attach** a copy of Current Company Extract from ASIC (with details of company directors and secretary)
- Partnership**
Each partner must complete Part 2, Personal Information: Identification: Fitness and Probity.

Section 2 must be completed if the Permit is to be issued to a corporation or partnership.

1.3 Business/Trading name

If the business has a Business/Trading Name, **attach** a copy of certificate of Record of Registration for Business Name or Current Business Name Extract (from Australian Securities and Investment Commission [ASIC]).

1.4 Australian Business Number:

1.5 Australian Company Number (ACN) or Australian Registered Body Number (ARBN), if applicable:

1.6 Registered business address of applicant:

- Same as postal address shown above or:
- Address: Suburb: Postcode:

2. Permits issued to a corporation or partnership

Is the applicant a corporation or partnership

- No Yes: complete remainder of Section 2

- 2.1** **Check** to confirm the corporation or partnership always employs a person who has:
- a relevant qualification and/or experience managing the poisons on the Permit and
 - authority within the business to determine policies and procedures in relation to managing the poisons.

2.2 Name of current employee meeting the requirements of Section 2.1:

Title: Forename(s): Surname:



Part 1: Application for an Industrial poisons permit

5. Required poisons and storage

Section 5 must be completed for every premises listed on the Permit.

Name, description (gel, liquid etc) and strength of poison	Poison Schedule	Approximate quantity required

5.1 Storage of poisons

5.1.1 Please **attach** a diagram of the premises, including any outside storage area showing where the poisons will be stored, security measures and the location of perimeter fencing gates.

5.1.2 Please indicate where the products will be are stored; inside or outside (Please check all that apply):

Inside: Products will be stored inside as follows: (Please check all that apply)

- Locked metal cabinet
 Locked cupboard
 Locked room
 Locked caged area
 Locked refrigerator
 Other, please specify:

Outside: Products will be stored outside as follows: (Please check all that apply):

- Locked metal cabinet
 Locked cupboard
 Locked room
 Locked shed
 Locked and covered caged area
 Locked refrigerator
 Other – please specify:

5.1.3 Is the storage area for the poisons bunded? Yes No Not applicable

5.1.4 If you are applying for a Permit to purchase and use Schedule 8 substances as analytical reagents or standards, please contact the Department for advice on storage requirements.

5.2 Access to industrial poisons

Please check to confirm that only authorised persons, i.e. individual Permit holders, responsible person or other authorised staff employed by the business will have unsupervised access to the industrial poisons.

5.3 Preventing access to industrial poisons

Please describe how non-authorised staff such as reception staff, cleaners and the public (including family and children) will be prevented from having access to the industrial poisons.

5.4 Loss or theft of scheduled poisons

Please check to confirm any loss or theft of scheduled poisons will be reported to MPRB as soon as reasonably practicable using the form found at: [Reporting loss or theft of medicines and poisons](#)



Part 1: Application for an Industrial poisons permit

6. Extra Information required for some industrial poisons

Section 6 must be completed for every premises listed on the Permit.

6.1 Water Corporation Industrial Water Permit

Does the premises have a Water Corporation Industrial Water Permit for waste water discharge? Yes No

6.2 Dangerous Goods (DG) Site Licence

Is a Dangerous Goods (DG) Site Licence required for bulk industrial poisons at the premises?

Yes: **attach** a copy of the DG Licence No Exempt from requiring a DG Site Licence.

6.3 Mining or Prospecting

For applications to purchase industrial poisons for use in **Mining or Prospecting ONLY**, please provide the Mining lease number:

If the mining lease is not held by the applicant (legal entity), please provide written approval from the lease holder for storage and use of the requested poisons on the lease.

7. Hydrofluoric acid ONLY – additional information

For permits for **hydrofluoric acid (HF) ONLY**, the Permit holder and responsible person for each premises must provide evidence of training and /or experience/qualifications in handling HF. The type of training/qualifications/ experience required must be relevant to the concentration of HF required.

Qualifications and experience will be assessed in Part 2: Personal Information about the proposed Permit holder and Part 3: Personal Information about the proposed responsible person.

7.1 Hydrofluoric acid used at other premises

Will the hydrofluoric acid be used at premises other than the premises named in Section 4.1

Yes: please describe how the hydrofluoric acid will be transported and secured.

No

7.2 Personal protective equipment (PPE)

What personal protective equipment (PPE) will be worn when using hydrofluoric acid?

Chemical safety goggles Face shield Long apron
 Hats and hoods Eye protectors Safety boots
 Appropriate gloves Coveralls

Other – please specify:

7.3 Safety

Please confirm that hydrofluoric acid will be safely managed by checking the following statements:

Hydrofluoric acid will be accessible only to people who are trained to use it.
 Hydrofluoric acid will be used only by people who are trained to use it.
 Calcium gluconate gel (in date) will be available at all premises where hydrofluoric acid is stored or used.
 Running water will be available at all premises where hydrofluoric acid is stored or used.



Part 1: Application for an Industrial poisons permit

8. Chlorine gas ONLY – Qualifications

For Permits for **chlorine gas ONLY**, the Permit holder and responsible person for each premises must have completed training in resuscitation and competency in the use of chlorine gas for the proposed purpose.

The Permit holder and responsible person for a premises, must provide evidence of qualification / training / experience in handling chlorine gas for the proposed purpose and this is assessed in Part 2 for the proposed Permit holder and Part 3 for the proposed responsible person.

- 8.1 Check to confirm each person handling chlorine gas has completed training in line with the requirements of AS 2927:2019. The storage and handling of liquefied chlorine gas.
- 8.2 Check to confirm each person handling chlorine gas has completed training in resuscitation by a Recognised Training Organisation (RTO) and maintains currency of resuscitation skills.

9. Jewellery manufacture ONLY – additional information

Describe the ventilation of the area where poisons will be stored and used:

Where does the ventilation system exit?

Does the premises have systems to monitor poisonous gas concentrations (ppm) in the ventilation system?

Yes No

10. Multiple premises

Will poisons be stored at multiple premises under this Permit?

- No
- Yes: complete Sections 10.1 and 10,2

10.1 Will the responsible person for the other premises be the same as the individual Permit holder or a person responsible for the premises named in Section 4.1?

- Yes
- No: Complete and **attach** Part 3: Personal Information: Identification, Fitness for the nominated responsible person for the other premises.

10.2 Will responses to Sections 3, 6 and Sections 7,8,9 (if applicable) be the same for the other premises as for the premises named in Section 4.1

- Yes: Complete and **attach** Section 4,5 and Sections 7,8,9 (if applicable) for all other premises.
- No: Complete and **attach** Sections 3,4,5 and 6 and Sections 7,8,9 (if applicable) for all other premises.



Part 1: Application for an Industrial poisons permit

11. Declaration by applicant to obtain a Permit

This declaration relates to the application itself (Part 1) and must be signed by the individual applicant (proposed Permit holder) or, if the Permit is being issued to a corporation or partnership, the declaration must be signed by one of the corporate officers or partners.

Please refer to Instruction 5 for information on acceptable signatures.

I (provide full name):

of (provide full address):

hereby declare:

- i. The information contained in this application form is true and correct.
- ii. I am aware that penalties apply under the *Medicines and Poisons Act 2014* for providing false or misleading information in this application.

Signature of applicant:

Date:

Witnessed by

(Signature of Witness)

(Name of Witness)



PART 2: PERSONAL INFORMATION: APPLICANT

Part 2 assesses identification, fitness and probity of the Permit holder. If the Permit holder is an individual person, all sections of Part 2 must be completed. If the Permit holder is a corporation or partnership all sections of Part 2 except Section 13 must be completed by each corporate officer or each partner.

12. Identification of applicant			
Refer to instruction number 2, for information on the requirements for being a Permit holder.			
12.1 Personal Details			
Title:	Forename/s:	Surname:	Date of birth:
Address:	Suburb:		Postcode:
Postal address:	Suburb:		Postcode:
Mobile number:	Email:		
Position in business:			
12.2 Certified true copy of a photographic identification document			
ATTACH a certified ¹ copy of a WA State Government or Australian Government issued photographic identification document such as drivers' licence or passport. Non-government issued identification documents will not be accepted.			
¹ Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix A for a list of persons authorised to certify a true copy).			
12.3 Role in relation to Permit			
<input type="checkbox"/> The individual who will hold the Permit on behalf of the business. Complete remainder of Part 2.			
<input type="checkbox"/> A corporate officer: only applicable if the Permit will be issued to a body corporate. Type of corporate officer:			
<input type="checkbox"/> Director <input type="checkbox"/> General Manager <input type="checkbox"/> Company secretary <input type="checkbox"/> CEO <input type="checkbox"/> CFO <input type="checkbox"/> COO			
Complete Sections 14,15,16 and 17 in Part 2 and attach a CV ¹			
<input type="checkbox"/> A partner: only applicable if the Permit will be issued to a partnership			
Complete Sections 14,15,16 and 17 in Part 2 and attach a CV ¹			
¹ The CV will be used to assess whether each corporate officer or partner meets the requirements of the <i>Medicines and Poisons Act 2014</i> .			



Part 2: Personal Information: Applicant

13. Qualifications and experience of applicant applying as an individual person

Complete this section if you are an individual person applying for a Permit.
Do not complete this section, if the Permit is being issued to a corporation or partnership.

Refer to instruction number 2 for information on the requirements for being an individual Permit holder.

13.1 Please **attach** copies of:

- any qualifications or training relevant to managing the industrial poisons **and**
- CV demonstrating your suitability as a Permit holder, **or** describe your suitability as a Permit holder below:

13.1.1 Chlorine gas ONLY – additional information

- Check to confirm, you have training in line with the requirements of AS 2927:2019. Storage and handling of liquefied chlorine gas
- Check to confirm, you have current qualifications in resuscitation skills from a Recognised Training Organisation (RTO)
- Check to confirm, you will maintain currency of resuscitation skills via a RTO.

13.1.2 Hydrofluoric acid ONLY

Concentration of HF required:

- less than 10% HF

Do you have relevant qualifications / training /experience in handling HF?

- Yes: information is provided in Section 13.1
- No: **attach** evidence of training that covers the following three principles:
 - hazards of HF acid
 - safe storage and handling of HF
 - emergency response to a HF acid incident

- more than 10% HF

Attach evidence of a relevant tertiary qualification (such as a Degree with a major in chemistry or metallurgy).

13.2 Access to industrial poisons and authority within the business

- Check to confirm that you will always have access to the poisons stored at the premises listed on the Permit.
- Please check to confirm that, you will have authority within the business to determine policies and procedures in relation to managing the poisons listed on the Permit.



Part 2: Personal Information: Applicant

14. Prior licences/ permits for medicines/poisons held by applicant

To be completed by the nominated individual Permit holder, each corporate officer or each partner

14.1 Have you (or a company of which you were a corporate officer or a partner) previously held a Licence or Permit, under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled?

No

Yes: please provide details of the Licence or Permit number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in:

14.2 Have you (or a company of which you were a corporate officer) ever been refused a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory?

No

Yes: please provide details of the name of the business, what type of Licence or Permit you applied for, why your application was refused and which state or territory the refusal occurred in:

15. Criminal check for applicant

To be completed by the nominated Permit holder, each corporate officer or each partner

Have you ever been convicted of, or are there charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory

No

Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:

- Name of the court including state/territory or country, all relevant dates and any sentences received
- The nature of the alleged offence and circumstances surrounding the offences

16. Financial resources of applicant

To be completed by the nominated Permit holder, each corporate officer or each partner

16.1 Have you been declared bankrupt or a debtor under any bankruptcy law?

No

Yes: What date was/will your bankruptcy be discharged?

16.2 Have you ever been a corporate officer of a company that was wound up or subject to an application for, or placed in, receivership or liquidation? Yes No



Part 2: Personal Information: Applicant

17. Declaration by applicant

This declaration must be signed by the applicant (individual applicant, corporate officer or partner) and includes probity check consent.

Please refer to Instruction 5 for information on acceptable signatures.

- a. In accordance with Section 39 of the *Medicines and Poisons Act 2014*, I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity in relation to holding an Industrial Permit. These searches may include (without limitation) corporate searches, checks with health professional registration boards (including registration status and release of information on any current or ongoing investigations) and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity.
- b. I am at least 21 years of age.
- c. The information contained in this application form is true and correct.
- d. I am aware there are penalties under the *Medicines and Poisons Act 2014* for providing false or misleading information.
- e. I am aware of my responsibility for the safe storage and use of the poisons and will ensure compliance with the *Medicines and Poisons Act 2014* and Medicines and Poisons Regulations 2016, and compliance with conditions placed on the Permit.
- f. I will notify the Department of Health if I am no longer employed by the business, a corporate officer (if the applicant is a corporation) or a partner (if the applicant is a partnership)

Signature:

Name:

Date:



PART 3: PERSONAL INFORMATION: RESPONSIBLE PERSON

Part 3 must be completed by the responsible person and assesses identification, fitness and probity

18. Identification of responsible person

The role of the responsible person is to manage the poisons on a day to day basis and be the contact person, if the Permit holder is not available.

Refer to instruction number 3, for information on the requirements for being a responsible person for a premises.

18.1 Will the individual applicant applying to be Permit holder also be responsible for the premises named in Section 2.1?

Yes: Confirm name: Title: Forename/s: Surname:

There is no requirement to complete further sections in Part 3

No: complete remainder of Part 3.

18.2 Personal details of responsible person

Title: Forename/s: Surname: Date of birth:

Postal Address: Suburb: Postcode:

Mobile number: Email:

Position in business:

18.3 Certified true copy of a photographic identification document

ATTACH a certified ¹ copy of a WA State Government or Australian Government issued photographic identification document such as drivers' licence or passport. Non-government issued identification documents will not be accepted.

¹ Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix A for a list of persons authorised to certify a true copy).



19. Qualifications and experience of responsible person

Refer to instruction number 3 for information on the requirements for being a responsible person

19.1 Please **attach** copies of:

- any qualifications or training relevant to managing the industrial poisons **and**
- CV demonstrating your suitability as a responsible person, **or** describe your suitability below:

19.1.1 Chlorine gas ONLY – additional information

- Check to confirm, you have training in line with the requirements of AS 2927:2019. Storage and handling of liquefied chlorine gas
- Check to confirm, you have current qualifications in resuscitation skills from a Recognised Training Organisation (RTO)
- Check to confirm, you will maintain currency of resuscitation skills via a RTO.

19.1.2. Hydrofluoric acid ONLY – additional information

Concentration of HF required:

- less than 10% HF

Do you have relevant qualifications / training /experience in handling HF?

- Yes: information is provided in Section 13.1
- No: **attach** evidence of training that covers the following three principles:
 - hazards of HF acid
 - safe storage and handling of HF
 - emergency response to a HF acid incident

- more than 10% HF

Attach evidence of a relevant tertiary qualification (such as a Degree with a major in chemistry or metallurgy).

19.2 Will the Permit be issued to a corporation or partnership and not an individual person?

- No, Permit is being issued to an individual person
- Yes: Permit is being issued to a corporation or partnership: you may be asked to provide extra information regarding your qualifications / training /experience.



Part 3: Personal Information: Responsible person

20. Prior licences/permits for medicines/poisons held by responsible person

20.1 Have you (or a company of which you were a corporate officer or a partner) previously held a Licence or permit, under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled?

No

Yes: please provide details of the Licence or permit number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in:

20.2 Have you (or a company of which you were a corporate officer) ever been refused a Licence or Permit under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory?

No

Yes: please provide details of the name of the business, what type of Permit or Licence you applied for, why your application was refused and which state or territory the refusal occurred in:

21. Criminal check for responsible person

Have you ever been convicted of, or are there charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory

No

Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:

- Name of the court including state/territory or country, all relevant dates and any sentences received
- The nature of the alleged offence and circumstances surrounding the offences

22. Declaration by responsible person

This declaration must be signed by the nominated responsible person and includes probity check consent.

Please refer to Instruction 5 for information on acceptable signatures.

- I acknowledge my role is to manage the poisons on a day to day basis and be the contact person, if the Permit holder is not available.
- I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity to be named as the responsible person on an Industrial Poisons Permit. These searches may include (without limitation) corporate searches, and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity.
- I am at least 21 years of age.
- The information contained in this application form is true and correct.

Signature:

Name:

Date:



PART 4: PAYMENT and CHECKLIST

23. Payment:

Fee: \$327 or \$271 for Government agencies only

Comprising a non-refundable application fee of \$191 and 1 year Permit fee of \$136 or, *for Government agencies only*, a non-refundable application fee of \$162 and 1 year Permit fee of \$109.

Permit fee only will be refunded if the Permit is not issued.

1. Credit Card – American Express and Diners not accepted

Card type: MasterCard Visa

Name on card: _____ Card number: _____

Expiry date: _____ Amount: _____

Signature of cardholder: _____ Date: _____

2. Direct debit to bank

Please quote applicant's name or business name in the reference

Bank: Commonwealth Bank: **BSB:** 066 040 **Account number:** 13300018 Amount: _____

Receipt Number: _____ Payment date: _____

3. Cheque or money order – made payable to DEPARTMENT OF HEALTH

Please keep a copy of the completed application form for reference

Please email completed form and other requested documentation to mprb@health.wa.gov.au



Part 4: Payment and checklist

24. Checklist

Please ensure all the appropriate requested documentation is attached for:

Part 1 Application for an Industrial Poisons Permit

- If the Permit is being issued to a corporation, attach a copy of the Current Company Extract from ASIC (with details of all company directors and secretary (Section 1.2.1)
- If the business has a Business or Trading Name, attach a copy of certificate of Record of Registration for Business Name or Current Business Name Extract (Section 1.3)
- Completed Part 3 Personal Information: Identification, Fitness and Probity for responsible person **if** different from the Permit holder (Section 4.2)
- If applicable, evidence of local government approval to operate an industrial business from premises (Section 4.3.1)
- Diagram of the premises, showing where the poisons will be stored (Section 5.1.1)
- If applicable, a copy of the Dangerous Goods Site Licence (Section 6.2)
- If applicable, a copy of written approval from the mining lease holder (Section 6.3)
- Copy of relevant sections if there are multiple premises (Section 10)
- Declaration signed and dated by **applicant** (individual Permit holder, corporate officer or partner) (Section 11)

Part 2: Personal information, fitness and probity for applicant (nominated Permit holder): Individual applicant, each corporate officer or each partner

- Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 12.2) See Appendix A for a list of persons authorised to witness a signature
- If the applicant is a corporation or partnership, attach a CV and copies of qualifications for each corporate officer or partner (Section 12.3)
- If applying as an individual person, attach copies of qualifications and/or training. (Section 13.1)
- If applying as an individual person, attach a copy of CV. A CV is not required if experience is described on this form at Section 13.1
- For HF permits only (Section 13.3)
For HF less than 10%: attach evidence of training if the applicant has no experience
For HF greater than 10% : attach a copy of relevant tertiary qualification.
- If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory (Section 15)
- Declaration about personal information signed by applicant (individual Permit holder, corporate officer or partner (Section 17)

Part 3: Personal information, fitness and probity for responsible person

- Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 18.3) See Appendix A for a list of authorised persons.
- Copies of qualifications/ training. (Section 19.1)
- Copy of CV. A CV is not required if experience is described on this form at Section 19.1
- For HF permits only (Section 19.3)
For HF less than 10%: attach evidence of training if no experience
For HF greater than 10% : attach a copy of relevant tertiary qualification
- If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory (Section 21)
- Declaration about personal information signed by responsible person (Section 22)

Part 4: Declaration and Payment

- Payment details completed with correct signature if paying by credit card (Section 23)



PART 5: APPENDIX

Appendix A: Certifying true copies of photographic identification

Suggested wording for certification is as follows:

I certify that this appears to be a true copy of the document produced to me on <date>

Signature

Name

Profession or occupation group

Persons who can certify documents	
Academic (tertiary institution)	Medical practitioner
Accountant	Member of Parliament
Architect	Minister of religion
Australian Consular Officer	Nurse
Australian Diplomatic Officer	Optometrist
Bailiff	Patent attorney
Bank manager	Pharmacist
Chartered secretary	Physiotherapist
Chiropractor	Podiatrist
Company auditor or liquidator	Police officer
Court officer (judge, master, magistrate, registrar or clerk)	Post Office manager
Defence Force officer	Psychologist
Dentist	Public servant
Engineer	Public notary
Industrial organisation secretary	Real Estate agent
Insurance broker	Settlement agent
Justice of the Peace	Sheriff or deputy Sheriff
Lawyer	Surveyor
Local government CEO or deputy CEO	Teacher
Local government councillor	Tribunal officer
Loss adjuster	Veterinarian
Marriage celebrant	