

## Applicant Contact Details

|                             |          |
|-----------------------------|----------|
| Name of Applicant (Company) | ACN      |
| Address                     |          |
| Suburb                      | Postcode |

## Nominated Representative Contact Details

|  |          |
|--|----------|
| Name of Nominated Representative         |          |
| Email                                    | Phone    |
| Work Address of Nominated Representative |          |
| Suburb                                   | Postcode |

## Applicant Operation Details

|  |                       |
|--|-----------------------|
| Other States Where Applicant Operates                      | Number of FTE's in WA |
| Description of Waste & Recycling Industry Activities in WA |                       |
| Other Comments in Support of Application                   |                       |

|                                |   |
|--------------------------------|---|
| Signature of Authorised Person | Signature of Nominated Representative (If Different to Authorised Person) |
| Date                           | Date  |