Application to change an Industrial Poisons Permit

Medicines and Poisons Act 2014

Contents

INSTRUCTIONS and INFORMATION

1. This form is for requesting changes to an existing **Industrial Poisons Permit** issued under *the Medicines and Poisons Act 2014.*

This form MUST be completed by the current Permit holder or incoming Permit holder who is suitably qualified and understands the requirements and terminology contained in this application.

If the Permit holder is a corporation or partnership, this form must be completed by the corporate officer or partner who originally applied for the Permit.

All communication will ONLY be with the Permit holder, corporate officer or partner.

2. **Types of changes that cannot be applied for using this form**

DO NOT USE THIS FORM, if:

- The Permit holder is changing from an individual person to a Permit held by a corporation or partnership, or
- The Permit holder is changing from a corporation or partnership to an individual person or
- The business has a new owner.

These types of changes require the submission of a completely new application for an Industrial Poisons Permit, found at: Application forms for Licences and Permits

Permits cannot be transferred between one business entity and another.

3. There are five parts to this form:

Part 1 - Sections 1 to 22: Application to change an Industrial Poisons Permit.
Part 2 - Sections 23 to 29: Personal Information: new individual Permit holder, corporate officer or partner
Part 3 - Sections 30 to 34: Personal Information: new responsible person for a premises
Part 4 - Sections 35 to 36: Payment and checklist.
Part 5 – Appendix

4. Fees are **not** payable for the following type of changes to an Industrial Poisons Permit:

- Change of postal addresses or other contact details
- Change to a person responsible for a premises
- Removal of premises from the Permit
- Removal of certain industrial poisons from the Permit
- Upgrade of storage or security such as installation of CCTV.

5. A fee of **$92** is payable for the following type of changes to an Industrial Poisons Permit:

- Change of individual Permit holder (no change of ownership of the business)
- Change of a corporate officer (only for Permits issued to a body corporate and not an individual person)
- Increase the quantity of certain industrial poisons on the Permit
- Addition of certain industrial poisons to the Permit
- Relocation of an existing premises to a new location
- Addition of a new premises to the to the Permit
- Change of business or trading name without changing legal entity (no change of ownership)
- Variation in the activities undertaken under the Permit
  (Note: some variations may require a new application and issue of a different Permit type)

6. Changing the Permit holder for a Permit held by an individual person

The person nominated as the new Permit holder must also complete Part 2 Personal Information: Identification, Fitness and Probity and sign the declaration at Section 29.

6.1 Qualifications / training / experience of person nominated as the new Permit holder

The new Permit holder must:

- have a relevant qualification and/or experience handling the poisons on the Permit.
- be the most senior person responsible for the poisons at the premises and
- have authority within the business to determine policies and procedures in relation to handling poisons on the Permit.

6.2 Permit holder responsibilities

It is the responsibility of the Permit holder to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and compliance with conditions placed on the Permit.

The new 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.

There are penalties under the Act for providing false or misleading information when applying for a change to an existing Permit.

7. Changing the person responsible for a premises listed on the Permit

A new responsible person will have overall responsibility for and manage the poisons on a day-to-day basis and be the contact person if the Permit holder is not available.

The new responsible person for a premises must:

- be employed or contracted by the Permit holder
- reside in WA
- be the complete Part 3: Personal Information: Identification, Fitness and Probity
- sign the declaration at Section 34.

7.1 Responsible person for a Permit issued to an individual person

The new responsible person for a premises when a Permit is issued to an individual person can be:

a) the Permit holder, only if the Permit is issued to an individual person and not a corporation or partnership.
or
b) the most senior person at the premises who has qualifications / training / experience in managing the industrial poisons on the Permit.

7.2 Responsible person for permits issued to a corporation or partnership

The responsible person for a premises for Permits issued to a corporation or partnership can be:

a) the most senior person at the premises who has qualifications / training / experience in managing the industrial poisons on the Permit.
or
b) a person within the corporation or partnership who:
   - is in a position of authority to determine policies and procedures in relation to managing the industrial poisons on the Permit
   - has qualifications or training and experience handling the industrial poisons on the Permit
   - has other relevant qualifications dependent on the type of poison on the Permit.

Please note: a responsible person must consider whether they have capacity to oversee the day-to-day management of the medicines 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.

8.	**Changing a corporate officer or partner for a Permit that is held by a corporation or partnership** A new partner or corporate officer (directors, company secretary, chief executive officer or general manager and chief financial officer) must also complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 29.
9.	**Relocation or addition of a premises** If a premises listed on an existing Industrial Poisons Permit: • is being relocated to a different premises **or** • another premises is being added to the existing Industrial Poisons: and the relocated or added premises (second premises) is currently listed on a different Permit: ○ the application will not be processed until the Permit holder at the second premises has submitted an application to the Department to have their premises removed from their Permit. ○ in such cases, Permit holders requesting the relocation or addition of a new premises may wish to liaise with the Permit holder at the second premises to ensure the Department of Health is appropriately advised.
10.	**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.
11.	**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. A "signature" that is copied and pasted and a "signature" that is the person's name in a font style resembling handwriting will not be accepted. The current Permit holder must sign the declaration for making a change to the Permit at Section 22. **11.1 Who can sign for a change to an Industrial Poison Permit:** If the Industrial Poison Permit is held by an individual person and the change is to request a new individual Permit holder within the same business and the current Permit holder is no longer employed by the business: • the new Permit holder should sign the Declaration and provide the reason the current Permit holder cannot sign the Declaration. If the Industrial Poison Permit is held by a partnership or body corporate, the person who signed the original Permit application should sign the Declaration.
12.	**Approving a change to a Permit** Applying for a change to an existing Industrial Poisons Permit does not guarantee the requested changes will be approved.
13.	**Processing applications** Applications will be processed in order of receipt after payment has been confirmed by Finance. To ensure a timely decision about your application please: • 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, • Do not submit your application as a digital image (photograph).
14.	**Extra information** When applying for a change to an existing Permit, refer to the: Guide to applying for a Licence or Permit
15.	**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 to change an INDUSTRIAL POISONS PERMIT

1. General information

Permit number: Name of current Permit holder:

Postal address: Suburb: Postcode:

Telephone: Fax: Email:

1.1 Purpose for which the poisons on the Permit are used

- ☐ Brick cleaning
- ☐ Pickling and passivation of stainless steel
- ☐ Swimming pool chlorination
- ☐ Mining
- ☐ Laboratory analysis – commercial
- ☐ Water /effluent treatment
- ☐ Jewellery manufacture – commercial
- ☐ Prospecting
- ☐ Other – please specify:

1.2 Type of change

Please check whichever applies:

Changes without a fee	**Complete**
☐ Change of postal address or other contact details	Part 1: Sections 2, 22
☐ Change the person responsible for a premises	Part 1: Sections 3, 22 Part 2: Sections 30 to 34
☐ Remove a premises from the Permit	Part 1: Sections 4, 6, 22
☐ Remove certain industrial poisons form the Permit	Part 1: Sections 5, 6, 22
☐ Upgrade to storage and security	Part 1: Sections 7, 22
Changes with a fee of $92	
☐ Change of individual Permit holder	Part 1: Sections 8, 22 Part 2: Sections 23 to 29 Part 4: Section 35
☐ Change of corporate officer or partner	Part 1: Sections 9, 22 Part 2: Sections 23,26,27,28,29 Part 4: Section 35
☐ Increase quantity of industrial poisons already listed on the Permit	Part 1: Sections 10, 22 Part 4: Section 35
☐ Addition of certain industrial poisons to the Permit:	Part 1: Sections 11, 22 Part 1: 16, 17,18 if applicable Part 4: Section 35
☐ Relocation of an existing premises to a new premises	Part 1: Sections 12,14,15, 22 Part 1: 16, 17,18 if applicable Part 4: Section 35
☐ Addition of a new premises to the Permit	Part 1: Sections 13,14,15, 22 Part 1: 16, 17,18 if applicable Part 4: Section 35
☐ Change of business or trading name without any change of the legal entity	Part 1: Sections 20, 22 Part 4: Section 35
☐ Variation in the activities undertaken under the Industrial Poisons Permit	Part 1: Sections 21, 22 Part 4: Section 35

Additional information required for some changes

If any of the following changes includes the following poisons or activity, extra Sections need to be completed, for:

- Hydrofluoric acid: complete Section 17
- Chlorine gas: complete Section 18
- Jewellery manufacture: complete Section 19

PART 1: APPLICATION to change an INDUSTRIAL POISONS PERMIT
Changes without a fee

2. Change of postal address and other contact details

New Postal Address*: Suburb: Postcode:

Telephone: Fax: Email:

* Renewal reminders will be sent to this address.

3. Change the person responsible for a premises listed on the Permit

Refer to instruction number 7 for information on the requirements for being a responsible person for a premises.

Premises name:

Address: Suburb: Postcode:

Name of new incoming responsible person for this premises:

Title: Forename(s): Surname:

3.1 Details about the new person responsible for a premises listed on the Permit

Is the new responsible person also the Permit holder or responsible for another premises listed on the Permit?

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

There is no requirement to complete Part 3.

☐ No: the new responsible person for the above-named premises, must complete and **attach** Part 3: Personal Information: Identification, Fitness and Probity.

4. Remove a premises from the Permit

Premises name:

Address: Suburb: Postcode:

Date the business/store will cease trading at these premises:

Is the business at the premises being sold to another business using the same industrial poisons for the same purpose?

4.1 ☐ Yes: please provide the name of the new business:

The Department requires the person taking over the business to either:

- apply to add this premises to their current Industrial Poisons Permit, if they already have a Permit, or
- apply for a new Permit in their name.

Applications from the person buying the business must be received by the Department prior to removing this premises from your Permit.

4.2 ☐ No, is there any remaining stock of industrial poisons left?

☐ No

☐ Yes: please also complete Sections 6.

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Changes without a fee

5. Remove certain industrial poisons from the Permit

Premises name:

Address: Suburb: Postcode:

5.1 Please list the industrial poisons to be removed from the Permit:

5.2 Is there any remaining stock left of the poisons being removed from the Permit at the above-named premises

☐ No

☐ Yes: please also complete Section 6.

6. Information about disposal of industrial poisons

If there is any remaining stock of industrial poisons after removing a premises form a Permit or removing certain poisons from a premises listed on the Permit, please indicate how the stock will be disposed of.
Check all that apply:

☐ Transferred to another premises listed on the Permit — Address:

☐ Returned to wholesaler for disposal — Name of wholesaler:

☐ Disposed of using a licensed waste management service — Name:

☐ Other method — provide details:

7. Upgrading storage and security

Premises name:

Address: Suburb: Postcode:

Describe the change to the way the industrial poisons will be stored or the change to premises security:

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If any of the following changes includes the following poisons or activity, extra Sections need to be completed, for:

Hydrofluoric acid: complete Section 17

Chlorine gas: complete Section 18

Jewellery manufacture: complete Section 19

8. Change of individual Permit holder

Refer to instruction number 6 for information on the requirements for being a Permit holder.

Name of new incoming permit holder:

Title: Forename(s): Surname:

Address: Suburb: Postcode:

Telephone /Mobile: Email:

Position in business:

A new Permit holder must complete and **attach** Part 2: Personal Information: Identification, Fitness and Probity.

9. Change of corporate officer or partner

Note: Only applicable if the permit has been issued to a body corporate or company and not to an individual person.

9.1 Name of new incoming corporate officer or partner

Title: Forename(s): Surname:

Address: Suburb: Postcode:

Telephone/Mobile: Email:

Corporate officer/partner must complete and **attach** Part 2: Personal Information: Identification, Fitness and Probity

9.2 Name of outgoing corporate officer or partner

Title: Forename(s): Surname:

9.3 Please **attach** a copy of the Current and Historical Company Extract from ASIC which includes details of all past and current corporate officers.

10. Increase quantity of industrial poisons already listed on the Permit

Premises name:

Address: Suburb: Postcode:

10.1 Industrial poisons having their quantities increased at the above-named premises

Industrial poison	Quantity on current Permit	Increase quantity to:

PART 1: APPLICATION to change an INDUSTRIAL POISONS PERMIT
Changes with a fee

11. Addition of industrial poisons to an existing premises on the Permit

Premises name:

Address: Suburb: Postcode:

11.1 List of industrial poisons and quantities to be added to the above-named premises on the Permit:

☐ Hydrofluoric acid (HF): also, complete Section 17

☐ Chlorine gas (Cl): also, complete Section 18

Other - please describe:

If you are applying to add Schedule 8 substances as analytical reagents or standards, please contact the Department for advice on storage requirements.

11.2 **Usage of industrial poisons added to the Permit**

Will industrial poisons being added, be used for the same purpose as other industrial poisons listed on the Permit?

☐ Yes

☐ No: please describe the purpose for which the industrial poisons will be used:

Note: Some variations in the conditions of use will require a new application and issue of a different Permit.

12. Relocation of an existing premises

12.1 **Current address of premises:**

Premises name:

Address: Suburb: Postcode:

12.2 **New address of relocated premises:**

Premises name:

Address: Suburb: Postcode:

Telephone: Fax: Email:

Date of possession of the premises (settlement date/lease commencement/handover of premises):

Note: Permit will be issued with "Valid from" date on or after this date.

12.3 **Plus,** complete Sections 14,15,22 and 35 (payment), plus if applicable Sections 16,17,18,19

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13. Addition of another new premises

13.1 Premises name:

Premises Address: Suburb: Postcode:

Telephone: Fax: Email:

Date of possession of the premises (settlement date/lease commencement/handover of premises)

Note: Permit will be issued with "Valid from" date on or after this date.

13.2 **Plus,** complete Sections 14,15,22 and 35 (payment), plus if applicable Sections 16,17,18,19 and 35 (payment)

14. Information about the relocated or new added premises

Is this premises being bought from another industrial? See instruction number 9.

☐ No

☐ Yes: Name of previous wholesale/manufacture business:

The Department requires the previous Permit holder at the relocated/new added premises to remove the premises from their Permit. The application to remove the premises from the previous Permit must be received by the Department prior to adding the relocated or new added premises to your Permit.

14.1 **Person responsible for the relocated or new added premises**

Title: Forename(s): Surname:

Position in business:

Is the responsible person for the relocated or new added premises also?

- responsible for the premises at the current address or
- responsible for another premises listed on the Permit or
- the Permit holder?

☐ Yes

☐ No: the responsible person for the relocated or new added premises must complete and **attach** Part 3: Personal Information: Identification, Fitness and Probity.

14.2 **Location of relocated or new added premises**

☐ Commercial ☐ Industrial ☐ Rural ☐ Residential: industrial poisons used for brick cleaning only

☐ Other-please specify:

14.2.1 Is local government approval required to operate this business from the premises?

☐ Yes: **Attach** evidence of local government approval to operate the business from the premises

☐ No: Local government may be asked to comment on applications which may increase processing time

14.3 **Building /premises security for relocated or new added premises.** Please check all that apply:

☐ Dedicated monitored alarm system ☐ Video surveillance system (CCTV) ☐ Motion detectors

☐ Perimeter fence with lockable gate ☐ Perimeter alarm

☐ Other – please describe:

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Changes with a fee

15. Information about the industrial poisons at relocated or new added premises

15.1 List of industrial poisons to be used at relocated or new added premises:

15.2 Storage and security of industrial poisons at relocated or new added premises

15.2.1 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.

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

☐ Inside main building on premises: Products will be stored inside as follows: (Check all that apply)

☐ Locked cupboard ☐ Locked room ☐ Locked caged area

☐ Other, please specify:

☐ Outside: Products will be stored outside as follows: (Check all that apply)

☐ Locked metal cabinet ☐ Locked cupboard ☐ Locked room ☐ Locked shed

☐ Locked and covered caged area ☐ Locked refrigerator

☐ Other – please specify:

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

15.3 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.

15.4 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.

15.5 Loss or theft of Schedule 7 poisons

☐ Please check to confirm any loss or theft of S7 poisons will be reported to MPRB as soon as reasonably practicable using the form found at: Reporting loss or theft of medicines and poisons

15.6 Industrial poison usage at relocated or new added premises

Will the industrial poisons at the relocated or new added premises be used for the same purpose as at the previous premises or other premises on the Permit?

☐ Yes

☐ No - please describe the purpose for which the industrial poisons will used:

Note: Some variations in the conditions of supply or use will require a new application and issue of a different Permit

PART 1: APPLICATION to change an INDUSTRIAL POISONS PERMIT
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16. Extra Information required for some industrial poisons

16.1 Water Corporation Industrial Water Permit

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

16.2 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.

16.3 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.

17. Hydrofluoric acid ONLY – additional information

Complete this section if:

- HF is being added to the Permit or
- the premises at which HF is currently stored is being relocated or
- a new premises storing HF is being added to the permit

17.1 Qualifications / training / experience of Permit holder and responsible person

Attach evidence of qualifications / training / experience relating to HF for both the Permit holder and responsible person which depends on the concentration of HF required.

Concentration of HF required:

☐ less than 10% HF

Does the Permit holder and responsible person have qualifications / training / experience in handling HF?

☐ Yes: **attach** evidence of qualifications / training / experience for the Permit holder and responsible person.

☐ 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 relevant qualification such as a chemistry or metallurgy degree

17.2 Confirmation of PPE and safety measures at all premises

17.2.1 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:

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

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

PART 1: APPLICATION to change an INDUSTRIAL POISONS PERMIT
Changes with a fee

18. Chlorine gas ONLY – Qualifications

Complete this section if:

- chlorine gas is being added to the Permit or
- the premises at which chlorine gas is currently stored is being relocated or
- a new premises storing chlorine gas is being added to the permit

18.1 Qualifications / training / experience of Permit holder and responsible person

☐ Check to confirm, both the Permit holder and responsible person have training in line with the requirements of AS 2927:2019. Storage and handling of liquefied chlorine gas.

☐ Check to confirm, both the Permit holder and responsible person have current qualifications in resuscitation skills from a Recognised Training Organisation (RTO) and both maintain currency via a RTO.

18.2 Confirmation by Permit holder of training for all staff handling chlorine gas at all premises

☐ 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.

☐ Check to confirm each person handling chlorine gas has completed training in resuscitation by a RTO and they maintain currency of resuscitation skills.

19. 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

PART 1: APPLICATION to change an INDUSTRIAL POISONS PERMIT
Changes with a fee

20. Change of business or trading name

Complete this Section if the business or trading name will change without any change in legal entity.
If there is a change in ownership, an application for a new Permit is required.

20.1 **Previous business or trading name:**

New business or trading name:

20.2 **Attach** a copy of the Current and Historical Business Name Extract from ASIC

Australian Business Number (**if** applicable):

21. Variation in the activities undertaken under the Permit

Please describe the proposed change in the way the industrial poisons will be used:

Note: Some variations in the conditions of use will require a new application and issue of a different Permit type.

22. Declaration by Permit holder

This declaration relates to the application to change the Permit and must be signed by the individual Permit holder, or if the Permit is issued to a corporation or partnership, the declaration must be signed by a corporate officer of partner.
Please refer to instruction number 11 for information on acceptable signatures.

I am the: ☐ current permit holder ☐ incoming permit holder

☐ the corporate officer or partner who signed the original Permit application.

If the current permit holder cannot sign please provide the reason:

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:

PART 2: PERSONAL INFORMATION: new PERMIT HOLDER

Part 2 assesses identification, fitness and probity of the Permit holder. If the new Permit holder is an individual person, all sections of Part 2 must be completed. If the Permit is held by a corporation or partnership, and there is a new corporate officer or partner, all sections of Part 2 except Sections 24 and 25 must be completed by each new corporate officer or each new partner.

23. Identification of new Permit holder, corporate officer or partner

23.1 Personal Details

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

Address: Suburb: Postcode:

Postal address: Suburb: Postcode:

Mobile number: Email:

Position in business:

23.2 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)

23.3 Role in relation to the Permit

☐ the individual person who will be the new Permit holder on behalf of the business.
Complete remainder of Part 2.

☐ a new corporate officer. Type of corporate officer:

☐ Director ☐ General Manager ☐ Company secretary ☐ CEO ☐ CFO ☐ COO

Complete Sections 26,27,28 and 29 of Part 2 and **attach** a CV[1]

☐ a new partner

Complete Sections 26,27,28 and 29 of Part 2 and **attach** a CV[1]

[1]A new **corporate officer or partner must provide a CV and qualifications.** These will be used to assess whether the corporate officer or partner meets the requirements of the *Medicines and Poisons Act 2014.*

PART 2: PERSONAL INFORMATION: new PERMIT HOLDER

24. Qualifications and experience of new individual Permit holder

Complete this section if you are an individual person applying to be the new Permit holder.

Do not complete this section, if the Permit has been issued to a corporation or partnership.

Refer to instruction number 6 for information on the requirements for being an individual Permit holder.

24.1 Please attach copies of:

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

24.2 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.

24.3 Hydrofluoric acid ONLY – additional information

Please **attach** the following documents which depend on the concentration of HF required. Concentration of HF:

☐ less than 10% HF

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

- ☐ Yes: **attach** CV, evidence of qualifications / training which demonstrate your suitability as a Permit holder.
- ☐ 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 formal qualification such as a chemistry or metallurgy degree

PART 2: PERSONAL INFORMATION: new PERMIT HOLDER

25. Authority, access, standard operating procedures (SOPs)

Complete this section if you will be the new individual Permit holder.

Do **not** complete this section, if the Permit holder is a corporation or partnership.

☐ Please check to confirm that as the new Permit holder, you will have authority within the business to determine policies and procedures in relation to managing the poisons.

☐ Please check to confirm that you will always have access to the poisons listed on the Permit.

☐ Please check to confirm that only yourself, responsible person or other authorised employees of the business will have unsupervised access to the industrial poisons.

As the new Permit holder, will all SOPs and management of the industrial poisons remain unchanged?

☐ Yes

☐ No: please describe how the SOPs and management of the industrial poisons will change.

25.1 For Permits containing Chlorine gas only

Confirmation by new Permit holder of training for all staff handling chlorine gas at all premises.

☐ 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.

☐ 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.

26. Prior permits/licences for medicines/poisons

To be completed by a new Permit holder, new corporate officer or new partner

26.1 Have you (or a company of which you were a corporate officer or a partner) previously held 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, that was suspended or cancelled?

☐ No

☐ Yes: please provide details of the Permit or Licence 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:

26.2 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 Permit or Licence you applied for, why your application was refused and which state or territory the refusal occurred in:

PART 2: PERSONAL INFORMATION: new PERMIT HOLDER

27. Criminal check for new Permit holder, corporate officer, partner

To be completed by a new individual Permit holder, new corporate officer or new 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

28. Financial resources of new Permit holder, corporate officer or partner

To be completed by a new Permit holder, new corporate officer or new partner

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

☐ No

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

28.2 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

29. Declaration by new Permit holder, corporate officer or partner

This declaration must be signed by the new individual Permit holder, corporate officer or partner and is about personal information and includes probity check consent.

Please refer to instruction number 11 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 Poisons 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 or the responsibility of the body corporate (if applicable) for the safe storage and sale of the industrial 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 leave the employment of the business or I am no longer a corporate officer of the company that holds the Permit.

Signature: _____ Name: _____ Date: _____

PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

Part 3 must be completed by a new responsible person: assesses identification, fitness and probity

30. Identification of new responsible person

The role of the responsible person is to manage the industrial poisons on a day-to-day basis and be the contact person, if the Permit holder is not available.
Refer to instruction number 7 for information on the requirements for being a responsible person for a premises.

30.1 Is the new responsible person, also the Permit holder or responsible for another premises listed on the Permit?

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

There is no requirement to complete Part 3.

☐ No: complete all of Part 3.

30.2 Personal details of responsible person

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

Postal Address: Suburb: Postcode:

Mobile number: Email:

Position in business:

30.3 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).

PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

31. Qualifications and experience of new responsible person

Refer to instruction number 7 for information on the requirements for being a responsible person for a premises

31.1 Please **attach** copies of:

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

31.1.1 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.

31.1.2 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).

31.2 Is the Permit issued to a corporation or partnership?

☐ No

☐ Yes: you may be asked to provide extra information regarding your qualifications / training /experience.

PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

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

32.1 Have you (or a company of which you were a corporate officer or a partner) previously held 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, that was suspended or cancelled?

☐ No

☐ Yes: please provide details of the Permit or Licence 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:

32.2 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 Permit or Licence you applied for, why your application was refused and which state or territory the refusal occurred in:

33. Criminal check for new 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

34. Declaration by new responsible person

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

Please refer to instruction number 11 for information on acceptable signatures.

a) I acknowledge my role is to manage the industrial poisons on a day-to-day basis and be the contact person, if the Permit holder is not available.

b) 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 the 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.

c) I am at least 21 years of age.

d) The information contained in this application form is true and correct.

Signature: _____ Name: _____ Date: _____

PART 4: PAYMENT and CHECKLIST

35. Payment (where required)

Fee: $92

1. ☐ Credit Card – American Express and Diners not accepted

   Card type: ☐ MasterCard ☐ Visa

   Name on card: _____ Card number: _____

   Expiry date: _____ Amount: **$92**

   Signature of cardholder: _____ Date: _____

2. ☐ Direct debit to bank

   Please quote Permit number and business name in the reference when making a direct debit payment

   Bank: Commonwealth Bank: **BSB**: 066 040 **Account number:** 13300018 Amount: **$92**

   Receipt Number: _____ Payment date: _____

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

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

Please keep a copy of the completed application form for reference

A fee of $92 is payable for the following types of changes to an Industrial Poisons Permit:

- Change of individual Permit holder (no change of ownership of the business)
- Change of a corporate officer (only for Permits issued to a body corporate and not an individual person)
- Increase quantity of industrial poisons already listed on the Permit
- Addition of certain industrial poisons to the Permit
- Relocation of an existing premises to a new location
- Addition of a new premises to the Permit
- Change of business or trading name without changing legal entity (no change of ownership)
- Variation in the activities undertaken under the Permit

Note: if making multiple changes, only pay one fee of $92

Fees are not payable for the following type of changes to an Industrial Poisons Permit:

- Change of postal address and other contact details
- Change to a person responsible for a premises
- Removal of a premises from the Permit
- Removal of certain industrial poisons from the Permit
- Upgrading storage or security

PART 4: PAYMENT and CHECKLIST

36. Checklist

Please ensure all the appropriate requested documentation is attached for:

Part 1 Application to change an Industrial Poisons Permit

- ☐ If changing a responsible person for a premises: completed Part 3: Personal Information (Section 3.1)
- ☐ If changing an individual Permit holder: completed Part 2: Personal Information (Section 8)
- ☐ If changing a corporate officer/partner: completed Part 2: Personal Information (Section 9.1)
- ☐ If changing a corporate officer/ partner: copy of the Current and Historical Company Extract from ASIC (Section 9.3)
- ☐ If a premises is relocated or a new premises is added to the Permit, and the responsible person is not responsible for any other premises or is not the Permit holder: completed Part 3: Personal Information-Form (Section 14.1)
- ☐ If applicable, evidence of local government approval to operate the business from the premises (Section 14.2.1)
- ☐ If a premises is being relocated or a new premises is being added, attach a diagram showing where the poisons will be stored (Section 15.1.1)
- ☐ If a Dangerous Goods Licence is required, attach copy of the Licence (Section 16.2)
- ☐ If applicable, attach evidence of qualifications / training/experience with hydrofluoric acid (Section17)
- ☐ If there is a change of business or trading name without a change of legal entity: copy of the Current and Historical Business Name Extract from ASIC (Section 20.2)
- ☐ Declaration signed and dated by Permit holder, corporate officer or partner (Section 22)

Part 2: Personal information, fitness and probity for new Permit holder, corporate officer or partner

- ☐ Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 23.2). See Appendix A for a list of persons authorised to witness a signature
- ☐ If there is a new corporate officer or partner, attach a CV and qualifications or each new corporate officer or partner (Section 23.3)
- ☐ If the new Permit holder is an individual person, attach copies of qualifications/ training and a CV. CV not required if experience was described on form (Section 24.1)
- ☐ If applicable, attach evidence of qualifications/ training/experience with hydrofluoric acid (Section 24.3)
- ☐ If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law or corresponding law in another state or territory (Section 27)
- ☐ Declaration signed and dated by new Permit holder, corporate officer or partner (Section 29)

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

- ☐ Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 30.3). See Appendix A for a list of persons authorised to witness a signature
- ☐ Copies of qualifications/training and CV. CV not required if experience described on form (Section 31.1)
- ☐ If applicable, attach evidence of qualifications or training with hydrofluoric acid (Section 31.3)
- ☐ If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law or corresponding law in another state or territory (Section 33)
- ☐ Declaration signed and dated by new responsible person (Section 34)

Part 4: Payment and checklist

- ☐ Payment details completed with correct signature if paying by credit card (Section 35)

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	