



Government of **Western Australia**
 Department of **Mines and Petroleum**
 Resources Safety

Application for a Restricted Quarry Manager's (Explosives) Certificate of Competency

ABN: 69 410 335 356

I hereby apply for a Restricted Quarry Manager's (Explosives) Certificate of Competency under the *Mines Safety and Inspection Act 1994* and *Mines Safety and Inspection Regulations 1995*, and submit the following documentation and information.

1. Applicant details (please print)

Family name Given names

Date of birth / / Email

Phone (day) Facsimile Mobile

Postal address

Unit no. Street no. Lot no. Street name

PO Box no. Town/suburb State Postcode

2. Examination venue (please tick preferred venue of examination)

Perth Kalgoorlie Karratha Collie

Have you previously sat this exam? Yes No

3. Statutory declaration

I (name in full)

of (address)

declare that the foregoing particulars are true and correct in every detail and I make this solemn declaration under the *Oaths, Affidavits and Statutory Declarations Act 2005*. (For information on who can witness statutory declarations, refer to the Department of the Attorney General's website at www.courts.dotag.wa.gov.au/w/witnessing_documents.aspx)

Declared at in the state or territory of

Date / /

Signature of declarant

Before me (signature of witness)

Name of witness

Address of witness Postcode

Title or qualification of witness

Board's decision (office use only)

Approval for a Restricted Quarry Manager's (Explosives) Certificate of Competency

Chairman

Member

Member

Member

Member

Member

Date / /