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| **OFFICIAL USE ONLY**  DATE RECEIVED   |  |  |  | | --- | --- | --- | |  |  |  |   FILE REF   |  | | --- | |  |   PROJECT REF   |  | | --- | |  |   COMPLETE FORM CORRECT AA  COMPLETE FEE  Administering district   |  | | --- | |  |   ENTERED BY [SIGNATURE]   |  | | --- | |  |   DATE   |  |  |  | | --- | --- | --- | |  |  |  |   These contact details will be used for correspondence from the administering authority.  If approved, the applicant’s name, company/organisation, registered address, telephone and email address will be made available online by the administering authority on the Queensland government website at: http://[www.qld.gov.au](http://www.qld.gov.au) | Written notice to apply for mutual recognition as an auditor for contaminated land |
| *This form may be used by an individual seeking mutual recognition in Queensland as an auditor for contaminated land. The applicant must already have approval as an auditor for contaminated land in another state of Australia. An application for mutual recognition may be made to the Department of Environment and Science (DES) by written notice.*  *Mutual recognition is regulated by the Mutual Recognition (Queensland) Act 1992. Section 19 of the Mutual Recognition Act sets out the things the written notice must provide when seeking mutual recognition. Together with the necessary attachments, this form comprises the written notice. Module 2: Auditor application requirements of the Queensland Auditor Handbook for Contaminated Land also provides advice about the essential requirements for making this written notice*  *The application process is described in Module 2: Auditor application requirements, and Module 3: Assessment of auditor applications, of the Queensland Auditor Handbook for Contaminated Land. Applicants should also refer to Schedule B9 of The National Environment Protection (Assessment of Site Contamination) Measure 1999, amended 2013 (contaminated land NEPM).*  *This form should not be used when applying to become an auditor for the first-time, or when applying to renew an existing auditor’s approval—DES’s website provides a different form for those applications.* |
| 1. **I,       , seek registration in Queensland as an auditor for contaminated land in accordance with the mutual recognition principle.** |
| 1. **Applicant details**  |  | | --- | | Name | | Company/Organisation | | Position | | Street address | | Telephone | | Mobile | | Email | | Postal Address: (write ‘As above’ if the same as street address) |  1. **Are you registered as an auditor for contaminated land in another state of Australia?**   **[Note: You must attach the original or a certified copy of your registration(s) in another state.]**   |  |  |  | | --- | --- | --- | |  | Yes→ | I am registered as an auditor for contaminated land in the following state(s): | |  | No → | You cannot submit this written notice unless you are registered in at least one other state as an auditor for contaminated land. | |
| It is a statutory requirement of s.19(2)(b) of the Mutual Recognition Act that the written notice states the occupation for which registration is sought. For your convenience, the details have already been entered in the box to the right on this form. | |  |  | | --- | --- | | 1. **For which occupation are you seeking registration?**  |  | | --- | | I am seeking registration as an auditor for contaminated land to perform the auditor’s functions under s. 568(b) of the *Environmental Protection Act 1994*. | |  1. **Are you the subject of disciplinary proceedings in any state (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to being an auditor?**  |  |  |  | | --- | --- | --- | |  | Yes → | You cannot submit this written notice if you are subject to relevant disciplinary proceedings. | |  | No → | I am not subject to disciplinary proceedings in any state (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to my being an auditor. |  1. **Has your registration in any state been cancelled, or is it currently suspended, as a result of disciplinary action?**  |  |  |  | | --- | --- | --- | |  | Yes → | You cannot submit this written notice if your registration in any state has been cancelled or suspended. | |  | No → | My registration in any state is not cancelled or currently suspended as a result of disciplinary action. | |
|  | 1. **Are you otherwise personally prohibited from being an auditor in any state?**  |  |  |  | | --- | --- | --- | |  | Yes→ | You cannot submit this written notice if you are personally prohibited from being an auditor in any state. | |  | No → | I am not otherwise personally prohibited from being an auditor in any state. | |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 1. **Are you subject to any special conditions, in carrying out an auditor’s functions, as a result of criminal, civil or disciplinary proceedings in any State?**  |  |  |  | | --- | --- | --- | |  | Yes→ | You cannot submit this written notice if you are subject to any special conditions as a result of criminal, civil or disciplinary proceedings in any state. | |  | No → | I am not subject to any special conditions in carrying on an auditor’s functions as a result of criminal, civil or disciplinary proceedings in any state. | | |
| If ‘Yes’, please list the special conditions in a separate attachment. | 1. **Are you subject to any special conditions in carrying on an auditor’s functions in any State? (You must list any special conditions.)**  |  |  |  | | --- | --- | --- | |  | Yes→ | I am subject to special conditions as listed in the attachment to this form when carrying out an auditor’s functions. | |  | No→ | I am not subject to any special conditions in carrying on an auditor’s functions in any state. | |
|  | 1. **Do you give consent to the making of inquiries of, and the exchange of information with, the authorities of any state regarding your activities as an auditor for contaminated land or otherwise regarding matters relevant to this written notice?**  |  |  |  | | --- | --- | --- | |  | Yes→ | I give my consent to the making of inquiries of, and the exchange of information with, the authorities of any state regarding my activities as an auditor for contaminated land or otherwise regarding matters relevant to this written notice. | |  | No→ | You cannot submit this written notice without giving consent to such enquiries and exchange of information. | |
| It will be condition of approval that you hold professional indemnity insurance for at least $5 million of cover.  The insurance policy must be held by you or on your behalf by the company employing you. The policy must not contain any exclusion that may have the effect of limiting cover for work carried out. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1. **Do you have professional indemnity insurance for at least $5 million of cover for your functions as an auditor?**  |  |  |  |  | | --- | --- | --- | --- | |  | Yes→ | Provide details of your insurer and your level of cover, and attach a copy of the current certificate of insurance. | | |  | No→ | You cannot submit this notice without professional indemnity insurance for at least $5 million of cover for your functions as an auditor. | | | Insurer | | | Level of professional indemnity  insurance | |  | | | $ | | |
| It will be condition of approval that you have access to an expert support team.  It is a requirement under Module 2: Auditor application requirements that applicants for mutual recognition must pay the prescribe fee for an application for approval as an auditor required under s.570(c) EP Act. | 1. **Do you have access to expert support and advice?**  |  |  |  | | --- | --- | --- | |  | Yes→ | Provide a list the proposed support team, their qualifications and expertise, and provide evidence of their availability. | |  | No→ | You will not be able perform an auditor’s functions without an available expert support team. |  1. **You must provide the fee, or a receipt for its payment, with this written notice.**   The fee for mutual recognition as an auditor is the same as listed in Schedule 15 of the Environmental Protection Regulation 2019 for application for approval as an auditor (EP Act, s 570(c)). |
| It is a statutory requirement of s.19(5) of the Mutual Recognition Act that the statements and other information in this written notice must be verified by statutory declaration. | 1. **You must verify the statements and other information in this notice by statutory declaration. A template for the statutory declaration is provided on the following page.** |
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**Oaths Act 1867**

**Statutory Declaration**

QUEENSLAND

TO WIT

I

of

do solemnly and sincerely declare that:

* The statements and other information in this written notice are true and correct to the best of my knowledge.
* Any accompanying document is the original or a complete and accurate copy of the original.
* I understand that all information supplied with this application may be disclosed publicly in accordance with the *Right to Information Act 2009* and the *Evidence Act 1977*.

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1867*.

|  |
| --- |
| **Signature of declarant** |

Taken and declared before me at

|  |
| --- |
| **Location** |
| **This       day of** |

Person who may take declarations (e.g. Justice of the Peace or Commissioner for Declarations)

**Checklist**

Written notice form completed, and the statutory declaration signed and witnessed.

Original or a certified copy of your registration(s) in another state.

Certified copy or copies of certification or accreditation from at least one recognised professional body relevant to the contaminated land field.

List of any special conditions you are subject to in carrying on an auditor’s functions in any state.

Certified copy of professional indemnity certificate.

List of your proposed support team, their qualifications and expertise, with evidence of their availability.

Application fee—attached a cheque or money order payable to the Department of Environment and Science, or a copy of a receipt showing payment has been made (e.g. by credit card).

**How to lodge your application:**

Your application form and all mandatory supporting information should be submitted together to one of the addresses below. Supporting information may be provided electronically.

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| --- | --- |
| **Post:**  Permit and Licence Management Department of Environment and Science GPO Box 2454 BRISBANE QLD 4001 | **Email:** [palm@des.qld.gov.au](mailto:palm@des.qld.gov.au)  The email subject line should be ‘Auditor application form’.  The file size limit for submission via email is 50MB. Any submission via email that would exceed 50MB must be broken down into parts, with each part clearly labelled Part X of Y (e.g. Part 1 of 2) included in the subject line of the email. Alternatively, the application and supporting information can be included as a link to e.g. Dropbox. |

**Privacy statement**

The Department of Environment and Science (the department) is collecting your personal information and making enquiries of other authorities to determine your suitability as an auditor under Chapter 12 Part 3A of the *Environmental Protection Act 1994* (EP Act). The information will only be accessed by authorised employees within the department, and a technical expert under contract with the department to provide advice on some components of your written notice. The contract with the technical expert requires that the information only be used for that purpose, and that he or she not otherwise use or disclose the information. If you are approved as an auditor, your name, organisation, business address, telephone number and email address will be disclosed on the Register of Approver Auditors, which will be publicly available on the relevant Queensland Government website. This disclosure is authorised under section 540A of the EP Act. The information provided on this form will not otherwise be used or disclosed unless required or authorised by law. For information about privacy matters email: [privacy@des.qld.gov.au](mailto:privacy@des.qld.gov.au) or telephone: (07) 3330 5436.