

## NSW Site Auditor Scheme

# Mutual Recognition Application Notice

Use this form if you are seeking accreditation as a site auditor in New South Wales under the *Contaminated Land Management Act 1997* (CLM Act) in accordance with the *Mutual Recognition Act 1992 (Cth)*.

**Please type or print to complete form.**

## 1. Your details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Family name |  | | | |
| Given name |  | | | |
| Mobile no. |  | | | |
| Email |  | | | |
| Address |  | | | |
| State |  | Postcode |  |
| Postal address (if different from above) |  | | | |
| State |  | Postcode |  |
| Current employer (company name) |  | | | |

## 2. Your interstate registration details

Please specify all States\* within Australia in which you hold a current registration (i.e. any form of authorisation however described) required for carrying on an occupation that is equivalent to the occupation (site auditor) you are applying for in NSW.

| **State** | **Occupation and registration number** | **Registration date** | **Registration expiry date** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\* All references to a ‘State’ should also be read as including the Australian Capital Territory and the Northern Territory.

If you hold a current registration (i.e. any form of authorisation however described) required for carrying on an occupation that is equivalent to the occupation (site auditor) you are applying for in NSW in more than one State, please specify a first State below.

|  |  |
| --- | --- |
| **First State** |  |

## 3. Evidence of interstate registration

For each existing registration set out above, please attach with this notice a document that is either the original or a copy of the instrument evidencing your existing registration (or, if there is no such instrument, by sufficient information to identify the person and the person’s registration).

|  |
| --- |
| Certification I,…      ……………………………………………………….[*insert your name*] certify that any instrument evidencing my existing registration in an equivalent occupation that is attached to this notice is the original or a complete and accurate copy of the original. |
| Signed: Insert a photo of your signature |
| Date: |

## 4. Statements

Please mark the appropriate box for each of the statements below.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Statement** | **Yes** | **No** |
| 1. | I am not the subject of disciplinary proceedings in any State (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to an occupation that is equivalent to a site auditor under the CLM Act (an equivalent occupation). |  |  |
| 2. | My registration in an equivalent occupation in any State has not been cancelled or currently suspended as a result of disciplinary action. |  |  |
| 3. | I am not otherwise personally prohibited from carrying on an equivalent occupation in any State, or subject to special conditions in carrying on that occupation, as a result of criminal, civil or disciplinary proceedings in any State. |  |  |
| 4. | I am subject to special conditions in carrying out an equivalent occupation in any State. |  |  |

If you have ticked ‘Yes’ in relation to statement number 4, please provide details of the special conditions below. Attach additional pages to your application if there is not enough space below.

|  |
| --- |
|  |

## 5. Consent to further enquiries

|  |
| --- |
| I,…      ……………………………………………………….[*insert your name*] consent to the NSW Environment Protection Authority making enquiries of, and exchanging information with, the authorities of any State regarding my activities in the relevant equivalent occupation or occupations and any other matters relevant to this notice. |
| Signed: Insert a photo of your signature |
| Date: |

## 6. Statutory declaration

I, …………………………………………………………, [*insert your name*] do solemnly and sincerely declare that the particulars contained in this notice are true and correct. I further declare that the documents provided in support of this notice which are appended to this application are authentic originals or complete and accurate copies of the originals. I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1900.

Declared at: ………………………………………… on ………………………………………………

[*place*] [*date*]

…………………………………………………………

[*signature of declarant*]

in the presence of an authorised witness, who states:

I, ……………………………………………………………………, a …………………………………………………….,

[*name of authorised witness*] [*qualification of authorised witness*]

certify the following matters concerning the making of this statutory declaration by the person who made it: [\* please cross out any text that does not apply]

1. \*I saw the face of the person OR \*I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and

2. \*I have known the person for at least 12 months OR \*I have confirmed the person’s identity using an identification document and the document I relied on was

………………………………………………………………………………………………………………………………………

[*describe identification document relied on*]

………………………………………………………… ………………………………………………………

[*signature of authorised witness*] [*date*]

## 7. Attachments

## Attachments to your application must include:

## a document that is either the original or a copy of the instrument evidencing your existing registration as a site auditor in the other State(s) (or, if there is no such instrument, sufficient information to identify your registration)

a completed *Declaration for an applicant to the NSW Site Auditor Scheme*. A copy of the form is available from the EPA website.

## 8. How to submit your application

Email a copy of your whole application, with all relevant forms and attachments clearly named, to  
[nswauditors@epa.nsw.gov.au](mailto:nswauditors@epa.nsw.gov.au).

If your attachments are large files, email [nswauditors@epa.nsw.gov.au](mailto:nswauditors@epa.nsw.gov.au) for an invitation to the EPA’s file transfer facility.

## 9. Other points

* Before we can finalise your accreditation as a site auditor under the CLM Act, we (the EPA) need you to submit a Certificate of Currency for Professional Indemnity insurance that satisfies the requirements of the *Guidelines for the NSW Site Auditor Scheme*. We’ll ask you to send this after we’ve reviewed your application.
* The auditor accreditation fee is payable within one month of the date of the accreditation notice.

## 10. Further information

Environmental Solutions – Chemicals, Land and Radiation  
Regulatory Practice and Environmental Solutions

NSW EPA  
Level 2 and 3  
6 & 8 Parramatta Square  
10 Darcy St  
Parramatta  
NSW 2150

Post: Locked Bag 5022, Parramatta NSW 2124  
Email: [nswauditors@epa.nsw.gov.au](file:///C:\Users\SimH\Documents\EPA%20work%20in%20progress%20-%20local%20copies\0195%20Mutual%20recognition\nswauditors@epa.nsw.gov.au)  
Phone: 02 9995 5647  
Website: [www.epa.nsw.gov.au](file:///C:\Users\SimH\Documents\EPA%20work%20in%20progress%20-%20local%20copies\0195%20Mutual%20recognition\www.epa.nsw.gov.au)

**NSW Environment Protection Authority**

Email: [info@epa.nsw.gov.au](mailto:info@epa.nsw.gov.au)

Website: [www.epa.nsw.gov.au](http://www.epa.nsw.gov.au/)

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