



Date received:

Application fee:

Receipt No:

Licence No:

PO Box 103
Glenorchy Tas 7010
Ph: (03) 6216 6800
gccmail@gcc.tas.gov.au

ABN: 197 5325 2493

Water Carrier - Application

Public Health Act 1997
Sections 136E & 136F

Application for Registration as a Water Carrier

PART 1: APPLICANT DETAILS

| | | |
|---|----------------------|----------------------|
| Title | Given Name/s | Family Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Company Name <i>(linked to ABN/ACN)</i> | | |
| <input type="text"/> | | |
| ABN / ACN | Date of Birth | |
| <input type="text"/> | <input type="text"/> | |
| Trading Name | | |
| <input type="text"/> | | |
| Postal Address <i>(for business correspondence)</i> | | |
| <input type="text"/> | | |
| Business Phone Number | Mobile Number | |
| <input type="text"/> | <input type="text"/> | |
| Email Address | | |
| <input type="text"/> | | |

PART 2: VEHICLE DETAILS

Number of Vehicles Applying for Registration

Vehicle 1 – Make and Registration Number

Vehicle 2 – Make and Registration Number

Vehicle 3 – Make and Registration Number

If insufficient space, please provide additional details as an attachment. Note that all vehicles used in the cartage of drinking water require registration.

PART 3: WATER CARRIER INFORMATION

Type of Tank *(please circle and indicate numbers)*

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Stainless Steel | Fibreglass | Aluminium | Mild Steel | Other: _____ |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Type of Internal Coating on Specified Tanks

Type of Water Hose/s

Type of Backflow Prevention Device

Standards that the Equipment Complies With

PART 4: WATER SOURCE DETAILS

Primary Fill Source

Manager or Owner of Fill Source

Is This Fill Source Classified as Drinking Water by the Owner/Manager?

Do You Have Written Approval to Extract From This Fill Source?

Other Fill Source

Manager or Owner of Fill Source

Is This Fill Source Classified as Drinking Water by the Owner/Manager?

Do You Have Written Approval to Extract From This Fill Source?

Other Fill Source

Manager or Owner of Fill Source

Is This Fill Source Classified as Drinking Water by the Owner/Manager?

Do You Have Written Approval to Extract From This Fill Source?

If insufficient space, please provide additional details as an attachment.

Do You Extract Water From a Registered Private Water Supplier?

Details

Please list the Council Areas That You Will be Operating In

Section 136E of the *Public Health Act 1997* requires only one registration from the Council where the majority of vehicles are stored for carrying out the undertaking of a commercial water carrier.

PART 5 WATER CARRIER ACTIVITIES

(Please tick (✓) tick all that apply)

- Cartage of compliant drinking water to individuals or businesses
- Cartage of non-compliant drinking water to individuals or businesses
- Dust suppression activities (i.e., for roadworks)
- Cartage of water for other purposes to individuals or businesses
- Details: _____

PART 6: APPLICANT DECLARATION

- I declare that the information provided on this form is accurate, complete, and correct.
- I acknowledge that this application is not valid, and assessment of the application will not commence until the application fee is paid in full.
- I acknowledge and agree that if an email address is provided on this application, I consent pursuant to Section 6 of the *Electronic Transaction Act 2000* to the Council using that email address as a method of contact and for the provision of information by the Council.
- I understand and agree that information about this application and the businesses' on-going operations will be shared with Councils and the Department of Health to assess this application and the businesses' compliance with the *Public Health Act 1997*.
- I understand that this is an application, and approval of this application is not guaranteed.

Applicant Name

Applicant Signature

Date

PART 7: PAYMENT

| Payment by phone | Payment in person |
|---|--|
| Credit card payments can be made by calling (03) 6216 6800. | Payment can be made in person at our Customer Service Centre located at 374 Main Road, Glenorchy. Business hours are: 8.30am – 5.00pm Monday to Friday. |

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