



# Shire of Derby / West Kimberley

## Application for Monumental Mason's Licence *Cemeteries Act 1986*

Applicant/Principal's Surname:		Applicant/Principal's Given Name:	
Company or Trading Name:			
Business Address:	Suburb:	Postcode:	
Email:			
Mobile:		Phone:	
ABN/ACN:			

In making this application, I \_\_\_\_\_ certify that:  
(Applicant to write their full name here)

1. I have been involved in the Monumental Masonry Trade for: \_\_\_\_\_ years.
2. I will comply with the Laws of the State of Western Australia, including the *Cemeteries Act 1986*, the Shire of Derby/West Kimberley Local Laws, and any policies, procedures and guidelines the Shire may issue from time to time, including compliance with those standard contained within the Australian Standard as4204-1994 Headstones and Cemeteries Monuments, as the Shire may adopt from time to time.
3. I acknowledge and accept that the erection of all monumental work will be carried out by a qualified monumental mason employed by the above company.
4. Where another monumental mason is sub-contracted to perform work on behalf of the above company, that the person must be licensed as a monumental mason by the Shire and produce their certificate of currency of third party insurance.
5. No monuments will be erected prior to the approval of the Shire being obtained.
6. I agree to maintain the currency of my Third Party Insurance and Workers Compensation Insurance (where applicable) as a condition of my licence.
7. I have never been declared bankrupt or placed into receivership.
8. I understand and acknowledge that the Shire can refuse to issue licence, or cancel or suspend a licence at any time.
9. I **do/do not** have any convictions for any offence(s), anywhere.

*(cross out as appropriate)*

If you have been convicted of any offence(s), please provide details.

*(continue on a separate sheet of paper if necessary)*

Signature of Applicant:		Date:	
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### Derby

(08) 9191 0999 | 30 Loch Street  
 [sdwk@sdwk.wa.gov.au](mailto:sdwk@sdwk.wa.gov.au) | PO Box 94, Derby WA 6728

### Fitzroy Crossing

(08) 9191 5355 | Flynn Drive  
 [sdwk@sdwk.wa.gov.au](mailto:sdwk@sdwk.wa.gov.au) | PO Box 101, Fitzroy Crossing



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## Please note:

- If more than one place of business is to be utilized, then provide details of those locations and their respective address, contact person, telephone, email etc on a separate sheet to this application.
- Payment of the application fee as per Current Fees and Charges, must accompany the application. Please make payment available to the Shire of Derby/West Kimberley.

## **IMPORTANT**

**A COPY OF YOUR CERTIFICATE OF CURRENCY OF THIRD PARTY INSURANCE AND WORKER'S COMPENSATION INSURANCE MUST BE SUBMITTED WITH THIS APPLICATION.**

## SHIRE ADMINISTRATION USE ONLY

Date application received:		Receipt number:	
MDL Number:		State Issued:	Expiry Date:
Public Liability Insurance Company:			
Policy Number:		Expiry Date:	
Worker's Compensation Insurance Company:			
Policy Number:		Expiry Date:	
Authorising Officer:			
Authorising Signature:			
Date Approved:		Date Licence Issued:	

## **Conditions of Licence:**

This Licence is issued pursuant to the *Cemeteries Act 1986* and any other relevant statutes, local laws or regulations now and hereafter in force.

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