

Application for Monumental Mason's Licence

30 Loch Street, Derby
PO Box 94, Derby WA 6728

Cnr of Forest Rd Flynn Dr,
Fitzroy Crossing WA 6765

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Shire of Derby /
West Kimberley

APPLICANT

COMPANY NAME

APPLICANT SURNAME

APPLICANT GIVEN NAMES

BUSINESS ADDRESS

SUBURB

POSTCODE

BUSINESS POSTAL ADDRESS

SUBURB

POSTCODE

HOME PHONE

MOBILE

EMAIL

ABN / ACN

In Making this application I certify that:

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. In 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 separate sheet of paper if necessary)

SIGNATURE

DATE

OFFICE USE ONLY

Date application received		Receipt no.	
MDL No.	State issued	Expiry date	
Date approved		Date licence issued	
Public liability insurance company			
Policy number		Expiry date	
Workers compensation insurance company			
Policy number		Expiry date	

Please note:

1. If more than one place of business is to be utilized then provide details of those locations and their respective address, contact person, telephone, facsimile, email etc on a separate sheet to this application.
2. Payment of *applicable fee* must accompany the application. Please make cheque available to the Shire of Derby West Kimberley.

Important

A copy of your certificate of currency of third party insurance and workers compensation insurance must be submitted with this application