An application for an end of waste approval under section 173I of the Waste Reduction and Recycling Act 2011 (the WRR Act) and an application to amend an end of waste approval under section 173M of the WRR Act must be accompanied by a written report prepared by a suitably qualified person about the application. This form is the approved form for the written report. Where more than one suitably qualified person has contributed to the written report, the lead suitably qualified person is required to complete this form.

1. Report description

Please provide the following details regarding the suitably qualified person’s report:

|  |  |  |
| --- | --- | --- |
| A BRIEF DESCRIPTION OF THE WASTE PROPOSED TO BE USED AS A RESOURCE AND THE PROPOSED USE: | | |
| REPORT(S) TITLE; DATE; VERSION NUMBER AND AUTHOR: | | |
| NAME(S) OF SUITABLY QUALIFIED PERSON(S): | | |
| APPLICATION TYPE: | New end of waste approval application | Amendment of end of waste approval |

1. Information required

Please attach a document which addresses the following matters about the waste proposed to be used as a resource in the following format.

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| 1. A summary of the application  2. An assessment of the technical validity, relevance, and accuracy of the information provided in the application  3. An assessment of the technical feasibility and benefits of the proposed use of the resource  4. An assessment of the risks associated with the proposed use of the resource and the adequacy of mitigation and protection measures  5. Conclusions and recommendations  6. A statutory declaration as an attachment, providing:   1. confirmation that the information presented in the end of waste approval application or amendment application is, to the best knowledge of the person, accurate; and 2. the contact details of the suitably qualified person   7. A signed statement which demonstrates that the person has the qualifications and experience appropriate for preparing the report  *Where more than one suitably qualified person is involved, please provide a signed statement for each person.*  Please tick this box to indicate that you have complied with the above format for the report. |

1. Suitably qualified person details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SUITABLY QUALIFIED PERSON’S NAME: |  | COMPANY NAME: | | |
|  | | |  |  |
| SIGNATURE | | |  | DATE |