**WAHVA CERTIFIED AUDITOR APPLICATION**

*General Information*

This form is for an auditor seeking to be registered with Main Roads Western Australia (MRWA) as an approved Western Australian Heavy Vehicle Accreditation (WAHVA) auditor.

*Before you begin*

* Review the criteria required to be eligible to be approved as WAHVA auditor
* Collect relevant documents for submission

*When submitting your application:*

* Submit this form by email to [hvamodules@mainroads.wa.gov.au](mailto:hvamodules@mainroads.wa.gov.au)
* Attach a scanned copy of your auditor qualifications - (Citing - AU, QM & TL qualifications)
* Attach a scanned copy of your completion of Worksafe Fatigue Management training for a) drivers and b) administrators
* Attach a copy of your current driver’s licence or similar photo ID

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| --- | --- | --- | --- | --- |
| 1. Applicant details | | | | |
| Title |  | First Name |  | Surname |
|  |  |  |  |  |
| Date of birth | | |  | Gender |
|  | | |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Company details (if applicable) | | | | | | |
| Name | | | | | | |
|  | | | | | | |
|  | | | | | | |
| ABN |  |  |  | ACN |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Address | | | | | | | | | | |
| Residential address | | | | | | | | |  | Contact phone number |
|  | | | | | | | | |  |  |
|  | State | |  |  | Postcode | | |  |  | Mobile phone number |
| Postal address (if different to residential address) | | | | | | | | |  |  |
|  | | | | | | | | |  | Email address |
|  | | State |  | | | Postcode |  | |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Qualification criteria | | | | | | | |
| 🞎 Certified |  |  | 🞎 Lead auditor qualified |  |  | 🞎 Transport industry experience (Desirable, not essential) |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Criteria details | | | | | | | |
|  |  |  | |  | |  |  |
| Auditor certificate of attainment number |  |  | |  | | Auditor certificate of attainment date |  |
|  | | | | | | | |
| Body or organisation auditor qualification gained through |  | |  |  | | No. years of transport industry experience |  |
|  | | | | | | | |
| Industry experience description (outline of how experience was gained) | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| 🞎 CHECK IF COMPLETING MASS MANAGEMENT MODULE | | | | | | | |
|  | | | | | | | |
| 1. Supporting documentation checklist | | | | | | | |
| **Please ensure the following items have been completed/attached before submitting your application** (Do not attach original documents) | | | | | | | |
| 🞎 Completed application form | | | | | 🞎 Auditor qualifications (“AU” and “QM” or recognised equivalencies. “TL” or recognised equivalency is required for any auditor leading a team of auditors on any WAHVA audit) | | |
| 🞎 Driver’s licence or other similar photo ID | | | | | 🞎 Certificate of Registration or Australian Business Register (if applicable) | | |
| 🞎 WA Worksafe online Fatigue Management for drivers and administrators training certificates | | | | |  | | |

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| 1. Declaration |

I have read and understand the legal requirements described within this form and acknowledge that all the information provided within, or as a supporting documentation form as part of this application, is true and correct.

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| --- | --- | --- | --- | --- | --- | --- |
| Signature |  |  |  | Date |  |  |