



# Commercial Water Carrier Permit Application

## Application for a New Commercial Water Carrier Permit

Information in this form is collected under authority of the *Public Health Act 1997* Section 136E and 136F. This information will be used by Council to evaluate your application for registration as a Commercial Water Carrier.

### Applicant Details

Name of Applicant .....  
Applicant DOB or ABN.....  
Postal address .....  
..... Postcode .....  
Telephone ..... Mobile Phone .....  
Email .....

PID: .....

### Business Details

Trade name of Business (*if applicable*) .....  
Business Address .....  
..... Postcode .....  
Postal address for correspondence .....  
..... Postcode .....  
Emergency contact ..... Telephone .....

### 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  
.....

---

## Water Tank Details

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

Stainless Steel

Mild Steel

Fibreglass

Other

Aluminium

Type of internal coating on specified tanks .....

Type of water hose(s) .....

Type of backflow prevention devices .....

---

## Water Source details

Primary fill source .....

Manager or owner of fill source .....

Is this fill source classified as drinking water by the owner/  
manager? *(Please Tick)*            Yes            No

Do you have approval to extract from this fill source?

*(Please Tick)*            Yes            No

Other fill source .....

Manager or owner of fill source .....

Is this fill source classified as drinking water by the owner/manager?

*(Please Tick)*            Yes            No

Do you have approval to extract from this fill source?

*(Please Tick)*            Yes            No

Other fill source .....

Manager or owner of fill source .....

Is this fill source classified as drinking water by the owner/

manager? *(Please Tick)*            Yes            No

Do you have approval to extract from this fill source?

*(Please Tick)*            Yes            No

Do you extract water from a registered Private Water Supplier?

*(Please Tick)*            Yes            No

If yes, please supply details .....

.....

.....

---

Please list the Council areas throughout Tasmania that you will be operating in

.....  
.....

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

---

### Water Carrier Activities

Please tick the relevant boxes for the activities that you will be undertaking as a Water carrier

- Cartage of compliant drinking water to individuals or businesses
- Cartage of non-compliant drinking water to individuals or businesses
- Dust suppression activities (e.g. road works)
- Cartage of water for other purposes to individuals or businesses

Please provide further details if applicable

.....  
.....

---

### Declaration and Signature

I understand that to supply water to consumers, I will need to:

- (a) Comply with the requirements for Private Water Suppliers as detailed in the *Public Health Act 1997*
- (b) Comply with the requirements for Private Water Suppliers as detailed in the *Tasmanian Drinking Water Quality Guidelines 2015*
- 3. Comply with all of the conditions of my registration
- 4. Apply for a renewal of registration every 12 months

**Commercial Water Carrier Permit Fee: \$32.00**

.....  
**Signature of Applicant** **Date**

**Name (print):** .....

---

### *Office Use Only*

*Receipt Number*.....

*Date* .....

**APPROVED / NOT APPROVED**

Environmental Health Officer .....

Date .....