

# Application For Monumental Mason's Licence



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Version: 3

**Ranger Services**  
CPT/8 Margaret River Cemetery, CPT/9 Karridale Cemetery

## *Cemeteries Act 1986, Cemeteries Local Law*

Details of Applicant	
<b>Applicant / Principal's Name</b>	
<b>Company or Trading Name</b>	
<b>Business Address</b>	
<b>Postal Address</b>	
<b>Contact Number/s</b>	
<b>Fax Number</b>	
<b>Email Address</b>	
<b>ABN/CAN</b>	

In marking this application I \_\_\_\_\_ certify that:  
*Applicant to write their full name here*

- I have been involved in the Monumental Masonry Trade for: \_\_\_\_\_ years.
- I will comply with the Laws of the State of Western Australia, including the *Cemeteries Act 1986*, the Shire of Augusta-Margaret River 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 as 4204 -1994 Headstones and Cemeteries Monuments, as the Shire may adopt from time to time.
- 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.
- 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.
- No monuments will be erected prior to the approval of the Shire being obtained.**
- I agree to maintain the currency of my Third Party Insurance and Workers Compensation Insurance (where applicable) as a condition of my licence.
- I have never been declared bankrupt or placed into receivership.
- I understand and acknowledge that the Shire can refuse to issue licence, or cancel or suspend a licence at any time

APPLICATION FOR MONUMENTAL MASON'S LICENCE

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)*:

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**IMPORTANT**

**THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS APPLICATION**

- **PUBLIC LIABILITY INSURANCE**
- **WORKERS COMPENSATION INSURANCE**

**Please note:**

An invoice will be payable once the completed application form and relevant insurances have been received.

If more than one place of business is to be utilised, then provide details of those locations and their respective address, contact person, telephone, facsimile, email etc on a separate sheet to this application.

Signature of Applicant	
<b>Signature</b>	
<b>Date</b>	

The Shire of Augusta Margaret River is indemnified against any liability attributed to any incorrect statements or information contained in this form.