

MUNDARING & WOOROLOO CEMETERIES

Application for Monumental Mason's Licence



Applicant Details

Principal:

Company:

Trading Name of Business:

Business Address:

Postcode:

Postal Address:

Phone:

Mobile:

Email:

ABN / ACN:

Insurances Certificate of Currency Attached:

Declaration Signed:

Declaration

- I understand this Monumental Mason Licence from the Shire of Mundaring is valid for one year maximum and expires on 30 June next. The Licence fee is fixed.
- I will maintain my Third Party Insurance and Workers Compensation Insurance (where applicable) as a condition of my licence and provide a copy of Certificate of Currency with this application.
- I will complete the relevant References information over the page if required.
- As a current Licence holder I will be entitled to complete an 'Application for Monumental Works' and pay the prescribed fees and charges for each and every monumental works I wish to undertake and only act with written approval from the Shire of Mundaring.
- I will comply with the Laws of the State of Western Australia, including the Cemeteries Act 1986, Shire of Mundaring Local Laws, and any policies, procedures and guidelines the Shire may issue from time to time, including compliance with AS4204-1994 Headstones and Cemeteries Monuments.
- I shall produce the written consent of the holder of the Grant of Right of Burial for any memorial works at Shire of Mundaring Cemeteries.
- 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.

Signature of Applicant:

Date:

References

Please supply details below of other Cemeteries where you have held a Masons Licence, and where monumental works have been completed over the past two years, **if not licenced** with Shire of Mundaring during that time.

Cemetery	No. of Works	Contact Person	Contact number

Shire of Mundaring Office Use Only

Date Application Received:		Fee Payable:	
Payment Method:		Receipt:	
Public Liability Insurance Company:			
Policy Number:		Expiry Date:	
Workers Compensation Insurance Company:			
Policy Number:		Expiry Date:	
Verify References:			
Licence Number:		Printed for Signature:	
Issuing Officer:		Posted:	
Copy Emailed:		Update Licence Register:	

