

# Contractor Registration Application Form



## Name of Applicant/s (in full)

Company Name	<input type="text"/>	ABN/ACN	<input type="text"/>
Trading Name	<input type="text"/>		<input type="text"/>

## Contact Details of Applicant/s

Contact Person	<input type="text"/>		
Mailing Address	<input type="text"/>	State	Postcode
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Phone	<input type="text"/>		
Mobile Phone	<input type="text"/>		
email	<input type="text"/>		

## Core Business

A brief description of the service/s you provide

## References

Please provide contact details of two recent customers or companies that are able to give us further information on your services. This information will be treated confidentially and will be used for this internal reference check only.

	Contact Name	Contact Number	Company
Reference 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference 2	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Contractor Declaration

I hereby apply for registration as an **approved contractor** at Koolewong Marina.  
 I acknowledge receiving and understanding Koolewong Marinas' Terms and Conditions regarding Health, Safety and Environmental requirements and should my application be successful, agree to abide by them.  
 I declare the information I have provided is accurate and true.  
 I agree to participate in a **personal site induction** prior to carrying out any work/services at Koolewong Marina.  
 I further agree to ensure that all of my employees, agents or subcontractors are fully aware of these requirements and obligations, and shall agree to abide by them at all times.

Signature of Contractor ..... Date .....

(please print name) .....

*The Contractor shall be liable for, and shall keep Koolewong Marina indemnified against, any legal liability, loss, claim or proceedings for personal injury to or death of any person, or for injury or damage to property or for any penalties incurred as a result of any direct or indirect act of the Contractor or its employees, agents or subcontractors*

## Application Checklist (Please ensure all relevant information is supplied with your application)

Certificate of Currency for Required Insurances	Expiry Date	Copy/s Attached
Public Liability (minimum AUD\$10m)	<input type="text"/>	yes / no
Ship Repairers Liability (minimum AUD\$10m)	<input type="text"/>	yes / no
Workers Compensation	<input type="text"/>	yes / no
Personal Accident Cover (Sole Traders only)	<input type="text"/>	yes / no
<b>Risk Assessment - SWMS form/s</b>	<input type="text"/>	yes / no
<b>BIA Marine Card/s</b>	<input type="text"/>	yes / no
<b>Green Card/s</b>	<input type="text"/>	yes / no
<b>Personal Site Induction organised??</b>	yes / no	date:

OFFICE USE ONLY

Date Received/Sign