Authorised & Accredited Contractor Permit Application



| If you need help lodging your form, contact us | | | | | |
|--|---|---|--|--|--|
| Email | council@northernbeaches.nsw.gov.au | | | | |
| Phone | 1300 434 434 | | | | |
| Customer Service Centres | Manly Town Hall, 1 Belgrave Street Manly NSW 2095 Mona Vale 1 Park Street Mona Vale NSW 2103 | Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099 Avalon 59A Old Barrenjoey Road Avalon Beach NSW 2107 | | | |

| Office use only | |
|-----------------|----------------------------------|
| Form ID | 4026 |
| TRIM Ref. | C000973 |
| Last updated | June 2023 |
| Business unit | Environmental and Climate Change |
| Application no. | |
| Date received | |

| Privacy Protection Notice | | | | |
|---------------------------|---|--|--|--|
| Purpose of collection | For Council to provide services to the community | | | |
| Intended recipients | Northern Beaches Council staff | | | |
| Supply | If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek | | | |
| Access/Correction | Please contact Customer Service on 1300 434 434 to access or correct your personal information | | | |

Part 1: Business Details

| Title (Managing Director) | O Mr | Mrs | <u> </u> | Ms (| Other: | |
|--|------|-----|----------|------|-----------------|--|
| First Name (Managing Director) | | | | | | |
| Last Name (Managing Director) | | | | | | |
| Company Name (attach business card if relevant) | | | | | | |
| Address | | | | | | |
| Address | | | | | Postcode | |
| Business Contact Phone | | | | | After Hours No. | |
| Business Contact Mobile | | | | | Fax | |
| Email | | | | · | | |

Part 2: Company Representative (to be on site for duration of work)

| Name | | | |
|--|--|--------------------|--|
| Position in Company | | Years with Company | |
| Business Contact Phone | | After Hours No. | |
| Business Contact Mobile | | Fax | |
| How long have you been carrying out this type of work? | | | |

Part 2: Company Representative (to be on site for duration of work) Continued

| Have you been an Authorised Footpath Crossing/Associated Work Contractor with Northern Beaches Council previously? | | Yes | No | If yes, how many years? | | |
|--|--|------|----|-------------------------|----|--|
| Contact | Contact details of Council staff and period of work: | | | | | |
| 1. | | from | | | to | |
| 2. | | from | | | to | |
| 3. | | from | | | to | |

Part 3: Accreditation Requirements

Accreditation Requirements

Council will conduct a preliminary assessment of the application. If the preliminary assessment is considered satisfactory, the application will be referred to Council's Independent Consultant (BNG Conserve) who will handle the accreditation process. BNG Conserve will assess the application against the following assessment criteria:

- 1. Incorporated company/ business name and ABN
- 2. Public Liability Insurance
- 3. Workers Compensation Insurance
- 4. Accident/ Injury Insurance Cover sole traders only
- 5. Vehicle, plant and machinery insurance
- 6. Company licences, registrations, permits, certificates etc.
- 7. WorkCover Construction Industry General Induction Card
- 8. WHS documents
- 9. Employee qualifications certificates, licences etc.
- 10. WHSMS Self Evaluation

All correspondence regarding the accreditation process is between the applicant and BNG Conserve. An applicant will not be added to the List of Council Authorised & Accredited Concrete Contractors for Vehicle Footpath Crossings and Associated Works until Council receives formal advice from BNG Conserve.

To - The General Manager:

- 1. I agree that the work performed by me in respect of the above will be a contract between myself and the property owner only and that Northern Beaches Council will in no way be liable and/or responsible for bad debts or damage.
- 2. I also agree to perform the work in accordance with Council specifications and directions given by the Urban Infrastructure Manager of Northern Beaches Council or his representative.
- 3. I agree to ensure that, where relevant, driveway profiles and Section 139 Consent have been issued by Council prior to any work being done.
- 4. I agree not to sub-contract any of the work, unless provided with written authorisation by Council.

I, the undersigned, hereby make application to become an Authorised Footpath Crossing and Associated Work Contractor for Northern Beaches Council and certify that the above information is true and correct. I also understand that I am liable to be struck off the Authorised Contractors List at any time, if the work performed by me is deemed unsatisfactory by Council's representative, or the above details are not true and correct and not complied with in every way.

| Full Name | | |
|-----------|------|--|
| Signed | Date | |

Notes

- 1. This application will not be considered until the required fees have been paid to BNG Contractor Services who will contact you directly for payment.
- 2. Council requires a minimum of 24 hours notice when requested by the Contractor to carry out inspections.