*Editorial Note – This version of the form added Class 1.*

**Instructions on how to complete the Form**: Use the Tab key to move between fields; Use the Space bar to check boxes; Click on the down arrow to select fixed options.

|  |  |
| --- | --- |
| **1. ORGANISATIONAL DETAILS** | |
| **1.1 General** | |
| Business name | ABN / ACN (Aust only) |
| Brief reason for current application | |
| **1.2 Branch Offices** | |
| Provide details of location/s of Branch offices (including subsidiary companies) that will require this accreditation extension: | |
| **1.3 Size and activity zones** | |

|  |
| --- |
| Please indicate in which markets you intend to actively seek PCCP jobs for the new application;  ACT  NSW  NT  QLD  SA  TAS  VIC  WA  NZ  Other overseas. Please nominate: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Approximate turnover (in A$) last full financial year:  Less than $2M  Between $2M & $4M  $4M - $10M  Greater than $10M | | | | | | | |
| **2. DETAIL ANY CHANGES TO Key pccp contacts DUE TO THIS APPLICATION**  None | | | | | | | |
| **3.1 Key Contact person** | | | | | | | |
| Name: | | | | | Position: | | |
| Telephone | Fax no. | | Mobile | | Email | | |
| **3.2 Person to whom invoices should be sent** | | | | | | | |
| Name: | | | | | Position: | | |
| Telephone | Fax no. | | Mobile | | Email | | |
| **3.3 Person with responsibility for new Sales / business** | | | | | | | |
| Name: | | | | | Position: | | |
| Telephone | Fax no. | | Mobile | | Email | | |
| **3.4 Senior administration executive** (eg. Business owner, Director etc) | | | | | | | |
| Name: | | | | | Position: | | |
| Telephone | Fax no. | | Mobile | | Email | | |
| **4 ADDITIONAL PCCP ACCREDITATION SOUGHT** | | | | | | | |
| Accreditation category sought  Protective coatings  Pavement markings  Commercial building painting  Powder coatings  Training course provider  Approved Laboratory | | | | | | | |
| Protective coatings accreditation class sought:  Class 1 – Shop application (enclosed facility) – immersion service  Class 2 – Shop application (enclosed facility) – atmospheric service  Sub-class 1 – liquid organic coatings  Class 3 – Site application (atmospheric service)  Sub-class 2 – thermal metal coatings  Class 4 – Site application (immersion service)  Sub-class 3 – intumescent coatings  Class 5 – Hazardous coating removal (heavy metals)  Class 6 – Hazardous coating removal (respirable dusts)  Class 30 – High voltage transmission tower refurbishment | | | | | | | |
| Commercial buildings accreditation class sought:  Class 18 – Floor coatings for building interiors | | | | | | | |
| Pavement marking accreditation class sought  Class 20 – major road works  Class 21 – minor road works  Class 22 – audio-tactile markings  Class 23 – car park markings  Class 24 – intersections & transverse marking  Class 25 – raised pavement markings  Class 26 – high friction surfacing  Class 27 – pavement marking removal  Class 28 – airport pavement marking  Class 29 – short run new or remarking on Major and  Minor roads | | | | | | | |
|  | | | | | | | |
| **4.1 Any relevant external accreditations supporting the application?**  None | | | | | | | |
| Details of any other accreditations held: | | 3rd party auditor (1): | | If Other, please name: | | Your licence no. | Date of last audit |

*Notes:* (1) Formal certification by suitably qualified external third-party

|  |  |  |
| --- | --- | --- |
| **5. FEES** | | |
| Any applicable fees are listed on the PCCP web site under Documents, number PP-D003. | | |
| **6. acceptance of rules governing pccp** | | |
| Declaration by a member of senior management:  I hereby affirm that I have read the documents governing how PCCP operates and I confirm that our organisation will continue to abide by these rules under the new application, should it be accepted.  I agree  I do not agree. | | |
| Please print name in lieu of signature: | Position: | Date: |
| Any special comments or requests? | | |
| **7. RETURN DETAILS** | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please return this form completed to either:** coatingsGroup@csiro.au, or: | | | | | |
| CSIRO Materials Science & Engineering  Ms Elenora Stepanova  PO Box 10 Clayton Sth VIC 3168 Australia | | | T +61 3 95452624  M 61 04 77753069  E elenora.stepanova@csiro.au | | |
|  | | | | | |
| *Project #*  **XP** | *VSA request date* | *VSA to Applicant date* | | *VSA back signed date* | *VSA #* |

|  |  |
| --- | --- |
| Date of first Accreditation | Updated  Primis  PP-D016  gp email lists  audit prog |