*Editorial Note – This version of the form added Class 17*

**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.

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| **1. ORGANISATIONAL DETAILS** |
| **1.1 General** |
| Trading name  | ABN / ACN (Aust only)      |
| Legal name of Company       | ABN / ACN (Aust only)      |
| Street address of Applicant       | Suburb/Town:       | State:  | Other state:      | Country: | Other country:      | Postcode:       |
| Postal address of Applicant        | Suburb/Town:       | State:  | Other state:      | Country: | Other country:      | Postcode:       |
| Generic telephone:      |  | General sales enquiry email:       |
| Organisation web site:http://www.      | No. of employees:       |
| Name of Parent Company       [ ]  not applicable | ABN / ACN (Aust only)      |
| Brief description of nature of organisation’s current business       |
| **1.2 Branch Offices** |
| Provide details of location/s of Branch offices (including subsidiary companies):       |
| **1.3 Size and activity zones** |

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

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| Approximate turnover (in A$) last full financial year: [ ]  Less than $2M [ ]  Between $2M & $4M [ ]  $4M - $10M [ ]  Greater than $10M\*\*Please specify approximate turnover (in A$) last full financial year - where no turnover is specified your company will default to the highest turnover category |  |
| **2. ACCREDITATIONS** |
| **2.1 Accreditations held** |
| Details of QA system:  | 3rd party auditor (1):  | If Other, please name:       | Your licence no.       | Date of last audit       |
| Details of WH&S system:  | 3rd party auditor (1):  | If Other, please name:       | Your licence no.       | Date of last audit       |
| Details of environmental management system:  | 3rd party auditor (1):  | If Other, please name:       | Your licence no.       | Date of last audit       |
| Details of any other accreditations held:       | 3rd party auditor (1):       | If Other, please name:       | Your licence no.       | Date of last audit       |
| **2.2 Type of PCCP accreditation sought** |
| Accreditation category sought[ ]  Protective coatings [ ]  Pavement markings [ ]  Commercial building painting [ ]  Training course provider [ ]  Approved Laboratory |
| Protective coatings accreditation class sought (2)[ ]  Class 1 – shop application for immersion exposure[ ]  Class 2 – shop application for atmospheric exposure[ ]  Class 3 – site application for atmospheric exposure[ ]  Class 4 – site application for immersion exposure[ ]  Class 5 – hazardous coatings (lead)[ ]  Class 6 – respirable dusts  | Pavement marking accreditation class sought (2)[ ]  Class 20 – major road works[ ]  Class 21 – minor road works[ ]  Class 22 – audio-tactile markings[ ]  Class 23 – car park markings[ ]  Class 24 – intersections & misc[ ]  Class 25 – raised pavement markings[ ]  Class 26 – high friction surfacing[ ]  Class 27 – pavement marking removal[ ]  Class 28 – airport pavement marking[ ]  Class 29 – short run on Major and Minor roads |
| Commercial buildings accreditation class sought (2)[ ]  Class 17 – protective coating for domestic, residential buildings [ ]  Class 18 – floor coatings for building interiors |
| Powder coatings[ ]  Class 30 – High voltage tower refurbishment |

*Notes:* (1) Formal certification by suitably qualified external third-party (2) Refer PCCP Document D001

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| **3. PRINCIPAL pccp contact** |
| Name:       | Position:       |
| Telephone as above | Mobile       | Email as above |
| **3.1 Alternative key PCCP contact (may be non-technical)** |
| Name:       | Position:       |
| Telephone as above | Mobile       | Email as above |
| **4. Key other pccp contacts**  |
| **4.1 Person with responsibility for quality assurance** |
| Name:       | Position:       |
| Telephone as above | Mobile       | Email as above |
| **4.2 Person to whom invoices should be sent** |
| Name:       | Position:       |
| Telephone as above | Mobile       | Email as above |
| **4.3 Person with responsibility for new Sales / business**  |
| Name:       | Position:       |
| Telephone as above | Mobile       | Email as above |
| **4.4 Senior administration executive** (eg. Business owner, Director etc) |
| Name:       | Position:       |
| Telephone as above | Mobile       | Email as above |
| **5. FEES** |
| Please note that before this application can be registered a signed Service Agreement is required. CSIRO will prepare the Agreement using the above data. Once this is prepared by us and returned signed by you, we will invoice you for the application fee applicable at the time of this application.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 abide by these rules, should we be accepted as PCCP Contractors.[ ]  I agree [ ]  I do not agree. |
| Please print name in lieu of signature:       | Position:       | Date:       |
| Any special comments or requests?      |
| **7. RETURN DETAILS** |

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| **Please return this form completed to either:** pccp@csiro.au, or: |
| CSIRO Verification ServicesMs Elenora Stepanova71 Normanby Rd Notting Hill VIC 3168(Private Bag 10 Clayton South VIC 3169) Australia | Tel: +61 03 9545 2624Mob: +61 04 7775 3069E: elenora.stepanova@csiro.au |
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| *Project #***XP**  | *VSA request date*      | *VSA to Applicant date*      | *VSA back signed date*      | *VSA #* |

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