*Editorial Note: This document updated formatting.*

***Instructions on how to complete this form*** *– Use theTab key to move between fields; where applicable, select options from the drop-down box; check boxes using the Space bar.*

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| **1. ORGANISATIONAL DETAILS** |
| Trading Name  | **PCCP Accreditation No.****PRN0** |
| Legal Name of Company | ACN / ABN no.       |
| Street address        | Suburb/Town:       | State:  | Other state:      | Country:  | Other country:      | Postcode:       |
| Generic telephone:      | Web site/s:http://www.      | General sales enquiry email:       |
| Accreditation status;  | Accreditation Category: [ ]  protective coatings [ ]  architectural coatings [ ]  line marking | Date of original PCCP accreditation       | No. of employees:       |
| **2. NEW BRANCH 1 DETAILS** |
| Street address        | Suburb/Town:       | State:  | Other state:      | Country:  | Other country:      | Postcode:       |
| Postal address         | Suburb/Town:       | State:  | Other state:      | Country:  | Other country:      | Postcode:       |
| Generic telephone:      | General sales enquiry email:       | No. of employees in Branch:       |  |
| **Accreditation Class(es) sought:** [ ]  Identical to Main Branch (head office) [ ]  Restricted set of class/es as detailed below;        |
| Please indicate in which markets this new Branch intends to actively seek PCCP jobs; [ ]  ACT [ ]  NSW [ ]  NT [ ]  QLD [ ]  SA [ ]  TAS [ ]  VIC [ ]  WA [ ]  NZ [ ]  Other overseas. Please nominate:       |
| If the Main/Head Office holds any external accreditation/s, is the Applicant Branch also covered by these accreditations? [ ]  Yes [ ]  No [ ]  N/A |
| Will the range or nature of current business & key skills offered by the Applicant Branch be any different to the Main Branch?: [ ]  No [ ]  Yes. (Please provide details);      |
| **2. PRINCIPAL pccp contactS AT APPLICANT BRANCH** |
| Name:       | Position:       |
| Telephone       | Fax no.       | Mobile       | Email       |
| **2.1 Alternative key PCCP contact** (may be non-technical) |
| Name:       | Position:       |
| Telephone       | Fax no.       | Mobile       | Email       |
| Where should invoices for work carried out by CSIRO/PCCP at the Applicant Branch be sent? [ ]  Head office [ ]  Branch (please nominate who)       | Who is responsible for QA at the Applicant Branch? [ ]  Head office QA manager/supervisor [ ]  Branch (please nominate)       |
| Who is responsible for coating inspection at the Applicant Branch?       | Who is responsible for new business/sales at the Applicant Branch? [ ]  Head office sales person [ ]  Branch (please nominate)       |
| Office Use Only |
|  |  | *Project #***XP**  | *VSA expiry date* | *VSA #* |
|  | Updated [ ]  Primis [ ]  PP-D016 [ ]  gp email lists [ ]  audit prog  |