



Application Form

Main Roads Western Australia

State Road Traffic Management Company Registration Scheme

All sections of the application must be completed. The signed application can be posted to the address below or emailed to tmcreg@mainroads.wa.gov.au

Forward application to:
Main Roads Western Australia
Traffic Management Company Registration Scheme
Network Operations
PO Box 6202
East Perth WA 6892

New application

Update of existing registration Existing registration number

Contact Details

Company Name

Street Address

Postal Address (if different)

Telephone number

Facsimile number

Email

Contact name

Contact telephone number (if different)

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Section 1 - Organisation Details:

Individual Partnership Company Trust Authority

Other ▶ Please give details

Australian Business Number (ABN)

Australian Company Number (ACN) Registered Business Number (BN)

Full Name (as registered with Australian Securities Commission)

Address of registered office

Please provide details of all current directors, company secretary and other senior managers

Persons full name	Position held	Address

Please provide name and address of all associates, subsidiary and holding companies, including trusts

Business / company name	Address

How many years has the organisation operated?

Under its present business name

Under a former business name ▶ please insert former name/s

Please provide name and address of all businesses or companies in which the applicant/organisation has financial interest

Business / company name	Nature of interest

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Section 2 - Business Information:

In the last 5 years has your organisation or any prior organisation similarly managed and/or controlled ever failed to complete a contract, had a contract suspended, had a contract terminated, had a contract partially or fully taken over or had a contract varied to delete substantial work?

No

Yes ► please provide details of when, where, why and what the result was

In the last 5 years has any director or responsible officer in the business ever been associated with any other organisation that has ceased to trade or to complete a contract?

No

Yes ► please provide details of the individual or organisation and the reason for the above cessation.

In the last 5 years has your organisation or any prior organisation similarly managed and/or controlled, been declared bankrupt, entered into receivership, managed agreement, scheme or composition, disqualified by the Australian Securities and Investment Commission (ASIC) or pursuant to the Bankruptcy Act or Corporations Act?

No

Yes ► please provide details

Please provide a history of any prior organisations similarly managed and/or controlled by any director or responsible officer of the company applying for registration.

Section 3 - Financial/Insurance Information:

NOTE: Local Government are exempt from Section 3

Applicants are required to show evidence of financial stability and adequate insurances. Applicants are to attach copies of the following documents.

Workers Compensation Insurance

Professional Indemnity Insurance (Minimum cover level is \$5,000,000)

Applicants must be able to provide evidence that the company is registered as an employer for the purposes of the Workers' Compensation and Injury Management Act 1981.

WorkCover Employee Registration Number/s

► Please include a copy/copies of the WorkCover Registration Certificates

Please provide details if self-insured

► Please include a copy/copies of the insurance documentation

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Section 4 - Management Systems:

NOTE: Local Government are exempt from Section 4

All applicants seeking registration must have established Management Systems in Quality, Occupational Health and Safety and Industrial Relations.

For all applicants, appropriate supporting documentation in the form of 3rd party certification by a JAS-ANZ accreditation body must be submitted with the application for Quality Assurance and Occupational Health and Safety.

For Industrial Relations a relevant award or agreement must be attached. This can be a Workplace Agreement (WPA), Enterprise Bargaining Agreement (EBA) or an industry Award.

Quality Assurance

ISO 9001:2008 or ISO 9001:2015

3rd party certification

Name of approved organisation

Approved Date

Expiry Date

Occupational Health and Safety

AS 4801:2001 or ISO Equivalent

3rd party certification

Name of approved organisation

Approved Date

Expiry Date

Industrial Relations

WPA, EBA or Industry Award

Relevant Award or Agreement

Name of approved organisation

Issue Date

Please provide any additional comments relating to your management systems or attach relevant documents

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Section 5 - Location of Services:

Please identify location of additional offices and depots.

Address	Office/Depot	Contact Name	Contact Number

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Section 6 - Summary of Current and Previous Works:

This form requires details of experience in previous works including:

- Information relating to ten projects relevant to the registration must be provided for the last three years (or further back if considered necessary to support the application).
- For three of the larger projects, include the name and contact details for a senior company representative of the client who may be contacted as a referee. If you have evidence of this reference please attach to your application.
- For three of the larger projects a copy of a Traffic Management Plan (TMP) is required. The TMP should be for **complex work** and show a variety of work such as contraflow, stop/slow and detours from the previous 12 months.

Start Date	End Date	Work details (project description, location and number of employees)	Your company's engagement contract value	Name and Contact Number (Client Reference)	TMP attached
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Section 7 – Managerial Experience Summary:

This section should provide details of the Companies managerial team. This should outline expertise, experience, qualifications and areas of specialisation. If the individual is a member of a professional body this should be noted. (CV's must also be provided.) Continue on a separate page if required.

Name	Position	Professional / Technical / Industry Qualifications	Experience and number of years in TM industry	Copy of CV attached
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Section 8 – Personnel Traffic Management Accreditation:

Please provide details of Worksite Traffic Management and Advanced Worksite Traffic Management accredited employees and casual workers who worked for the company in the previous three months. Continue on a separate page if required.

NOTE:

All personnel on site must have Traffic Controller and Basic Worksite Traffic Management accreditation.

At least 1 person on a COMPLEX site must have either Worksite Traffic Management OR Advanced Worksite Traffic Management accreditation.

1 in 20 traffic management company personnel must have either Worksite Traffic Management accreditation OR Advanced Worksite Traffic Management accreditation.

Training must be provided through an approved course. Details can be found at www.mainroads.wa.gov.au/OurRoads/TrafficManagement/Training/Pages/TrainingandAccreditation.aspx

Total Traffic Management Company Headcount

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Total WTM and AWTM Accredited Headcount

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Name	License number	WTM or AWTM	Training provider	Brief description of duties

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Section 9 - Declaration:

I/we certify that the information provided is correct and accurate at the time of submission.

I/we agree to comply with the conditions of registration.

I/we understand the suspension/deregistration policy is on the Main Roads WA website.

I/we agree to be audited and undertake performance reviews as required.

Company name

Contact telephone

Applicants name

Position

Date

CEO's
signature

Privacy Disclaimer: Main Roads Western Australia collects information on this form to determine your Traffic Management Registration status. Main Roads Western Australia will not release your personal information to any third party without your written consent unless required to do so by law. All information supplied is commercial in confidence.

Application Checklist:

Sections to be Completed

- Section 1 Organisation Details
- Section 2 Business Information
- Section 3 Financial/Insurance Information*
- Section 4 Management Systems*
- Section 5 Location of Services
- Section 6 Summary of Current and Previous Works
- Section 7 Managerial Experience Summary
- Section 8 Personnel Traffic Management Accreditation
- Section 9 Declaration

Documents to be Attached

- Workers Compensation Insurance*
- Professional Indemnity Insurance*
- Quality - 3rd party certification*
- OH&S - 3rd party certification*
- Industrial Relations Document*
- Three Complex Traffic Management Plans
- Managerial CV's

* Not applicable to Local Government