

MELBOURNE TIPPERS & PLANT HIRE

ABN 71 831 165 665

PLANT REGISTRATION FORM

NAME.....ABN No.....

ADDRESS.....

TEL. No.....MOBILE No.

DRIVERS LICENCE No. EXPIRY DATE.....

LICENCE TYPE..... DATE OF BIRTH.....

BUSINESS DETAILS:

(a) WORKCOVER (Companies and Trusts only)

Name of Agent.....

Insured Name.....

Employer Number.....

Industry classification.....

(Please attach a Certificate of Currency)

(b) LONG SERVICE LEAVE (Co-Invest)

Name of Company.....

Registration No.....Expiry Date

(c) REDUNDANCY (Incolink)

Name of Company.....

Registration No.Expiry Date

(d) PUBLIC LIABILITY INSURANCE

Name of Company.....

Limit of Liability.....

Policy No.Expiry Date.....

(Please attach a Certificate of Currency)

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(i) TRUCK DETAILS

MakeModel.....Year.....

Registration No.Expiry Date.....

Truck Capacity.....Cubic Metres Gross.....Tare.....

Trailer Capacity.....Cubic Metres Gross.....Tare.....

Body – Steel or Aluminium?.....

Do you have swinging tailgate?.....

Do you have air tailgate?.....

Do you have spreader chains?.....

Do you have reversing buzzer?.....

Do you have reversing warning light?.....

Do you have an EPA licence for prescribed waste?.....

Licence No.Expiry date.....

Do you have tarps or covers?.....

Are you a member of the TWU?.....

If yes, roll number.....Expiry date.....

Do you offer your services to more than one plant hire agency?.....

Do you maintain truck maintenance records?.....

Date when last roadworthy carried out.....

We draw your attention to the Occupational Health and Safety Act that requires owners of plant and equipment to keep and maintain accurate maintenance and safety records.

DATE.....SIGNATURE.....

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(e) PERSONAL ACCIDENT & SICKNESS INSURANCE – Owner Operators

Name of Company.....

Policy No.Expiry Date.....

(Please attach a Certificate of Currency)

(f) SUPERANNUATION

Name of Company.....

Policy No.

(g) PLANT/VEHICLE INSURANCE

Name of Insurer.....

Policy No.Expiry Date.....

Type of Insurance.....

(Please attach a Certificate of Currency)

(h) TRAILER INSURANCE

Name of Insurer.....

Policy No.Expiry Date.....

(Please attach a Certificate of Currency)

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DO YOU PROVIDE OWNER-DRIVER SERVICES TO THIS COMPANY THROUGH:-	
a) Your own proprietary limited Company?	<input type="checkbox"/> NO. Proceed to (b). <input type="checkbox"/> YES. Please provide us with the following details: Full name of the proprietary limited company: ABN number of that company: Registered office address of that company:
b) As a partner in a partnership (eg. as a partner in a partnership with, say, your wife)?	<input type="checkbox"/> NO. Proceed to (c) <input type="checkbox"/> YES. Please provide us with the following details: Business name of the partnership: Name of the other partners in the partnership: Business address of the partnership:
c) On behalf of a trust structure?	<input type="checkbox"/> NO. Proceed to (d) <input type="checkbox"/> YES. Please provide us with the following details: Name of the trust: Name of the person or entity which acts as trustee of the trust: Business address of the trust:
(d) On your own behalf as an individual (ie. sole trader)?	<input type="checkbox"/> NO. <input type="checkbox"/> YES.

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(j) PLANT DETAILS

Plant Type.....

Make.....Model No.Year.....

Registration No. (if applicable)

Plant attachments/accessories

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Bucket Sizes

Operator Certificate of Competency

Certificate No.

Type.....

(Please attach Certificate details)

HAZARD RISK ASSESSMENT CHECKLIST

DETAILS	YES/NO	COMMENTS
Audible Warning Alarm Fitted		
Brakes – Foot/Park operating		
Fire Extinguisher – supplied		
Operator Manual		
Quick Hitch/Safety Pin – Fitted		
Roll Over Protection – Fitted		
Rotating Light – Fitted		
Safety Bar – Fitted		
Safety Guards – Fitted		
Seat Belt – Fitted		
Steps/Grab Rails – Fitted		
Windows/Mirrors -condition		

Union Member of Membership No.

E.B.A. (Enterprise Bargaining Agreement) No.

Do you have your own O H & S system or accredited with a third party Yes / No.

DATE.....SIGNATURE.....