

REGISTER OF CONTRACTORS & SUPPLIERS 23/24 OF SPECIFIC SERVICES

SUPPLIER TYPE

☐

Services

☐

Distributions

☐

Contractor

☐

Single Use

☐

Importer

☐

Amendment

Registered Business
Name

ABN

Is your Business Registered for GST?

☐

Yes

☐

No

COMPANY ADMINISTRATOR CONTACT

Full Name

Email Address

COMPANY DETAILS

Business Contact Number

Business Email Address

Website

Postal Address

Suburb

State

Postcode

BANKING DETAILS

Name of Financial Institution

Financial Institution Address

Account Name

BSB

Account No.

RETURN COMPLETED FORMS TO:

Works & Operations Department

P: (03) 6471 4700

E: wcc@westcoast.tas.gov.au

PO BOX 63 QUEENSTOWN TAS 7467

11 STICHT STREET QUEENSTOWN TAS 7467

WEST COAST

TAS



WESTCOAST.TAS.GOV.AU

CATEGORY OF WORK

Please indicate the type of goods/services that your organisation can provide.
This information may be used for future quotations for goods/services.

- | | |
|---|--|
| <input type="checkbox"/> Accommodation Services | <input type="checkbox"/> IT Support |
| <input type="checkbox"/> Advertising and Media Services | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Animal Care and Equipment | <input type="checkbox"/> Office Equipment and Furniture |
| <input type="checkbox"/> Catering Services | <input type="checkbox"/> Parks and Garden Supplies and Services |
| <input type="checkbox"/> Chemical and Cleaning Products | <input type="checkbox"/> Plant Equipment and Services |
| <input type="checkbox"/> Civil Engineering and Construction | <input type="checkbox"/> Property and Realty Services |
| <input type="checkbox"/> Cleaning Services | <input type="checkbox"/> Recruitment Services |
| <input type="checkbox"/> Construction, Operations and Civil Works | <input type="checkbox"/> Repairs and Maintenance |
| <input type="checkbox"/> Consultancy Services | <input type="checkbox"/> Safety Equipment |
| <input type="checkbox"/> Corporate Uniforms and Apparel | <input type="checkbox"/> Security and Fire Services |
| <input type="checkbox"/> Design Services | <input type="checkbox"/> Sign Manufacturing and Signwriting Services |
| <input type="checkbox"/> Fuels, Oils and Lubricants | <input type="checkbox"/> Sport and Recreation Services and Equipment |
| <input type="checkbox"/> General Hardware and Power Tools | <input type="checkbox"/> Training and Development Services |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Telecommunications Support | <input type="checkbox"/> Waste Management, Recycling and Landfill |
| <input type="checkbox"/> Printing Services | |

INSURANCE INFORMATION

All insurance policies must be for a period of 12 months and all details are recorded on Council's insurance database.

To be eligible to work for Council you must provide a copy of your current insurance Certificate of Currency.

PUBLIC LIABILITY INSURANCE (Minimum \$10 million)

Company: _____

Policy Number: _____

Expiry Date: ____/____/____ Amount of Cover: \$ _____

MOTOR VEHICLE INSURANCE (minimum Third-Party Liability Cover)

Company: _____

Policy Number: _____

Expiry Date: ____/____/____ Amount of Cover: \$ _____

WORKERS COMPENSATION INSURANCE

Company: _____

Policy Number: _____

Expiry Date: ____/____/____ Amount of Cover: \$ _____

PERSONAL SICKNESS AND ACCIDENT INSURANCE

Company: _____

Policy Number: _____

Expiry Date: ____/____/____ Amount of Cover: \$ _____

A COPY OF "CERTIFICATE OF CURRENCY" MUST BE ATTACHED

CHECKLIST

Please ensure that before submitting your application you have provided:

- ☐ Copies of Certificate of Currencies for -
 - ☐ Public Liability Insurance
 - ☐ Comprehensive Insurance
 - ☐ Workers Compensation Insurance (where applicable)
 - ☐ Personal Sickness and Accident Insurance (where applicable)
- ☐ All prices supplied are exclusive of GST
- ☐ Bank details on letterhead paper
- ☐ Registration form is completed in full
- ☐ Expressions of interest is signed and dated

DECLARATION

I/We warrant that the statements and particulars contained in this application are true and complete and give specific authority to West Coast Council to seek financial reports and other references concerning the Company.

I/We have read, understand and accept West Coast Council EOI and Tender Process and agree to trade in accordance with these.

I/We understand that completion of this questionnaire does not guarantee that I/we will be asked to tender/ quote for or provide services or supply any goods in the future.

I/We hereby express our interest to perform work at the rates nominated as per the Schedule of Rates.

Completion of this questionnaire does not guarantee that you will be included on our list of registered suppliers.

Failure to submit all information requested in this questionnaire may result in your application being rejected.

Name: _____

SIGNATURE **DATE**

Name: _____

SIGNATURE **DATE**

PLANT & MACHINERY REGISTRATION

Contractor Name: _____

[illegible]

CONTRACTORS

Carpentry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rate per hour	\$_____
Cleaning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rate per hour	\$_____
Electrical	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rate per hour	\$_____
Painting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rate per hour	\$_____
Plumbing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rate per hour	\$_____
Other Please specify				
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rate per hour	\$_____
Other Please specify				
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rate per hour	\$_____
Other Please specify				
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rate per hour	\$_____

All prices are to be exclusive of GST

Experience _____

Licence _____

Additional Information _____

SUPPLY & APPLICATION OF ROAD SEALING PRODUCTS

Road Sealing – Application of Primer and Binder and Aggregate

RESEAL

7mm Reseal	\$ _____/m ²
10mm Reseal	\$ _____/m ²
14mm Reseal	\$ _____/m ²
10mm Prime and Seal	\$ _____/m ²
14mm Prime and Seal	\$ _____/m ²
2 Coat Seals	\$ _____/m ²
Primer Seals	\$ _____/m ²

Smaller works such as parching of roads and sealing of footpaths

ASPHALT

Supply and Laying	\$ _____/m ²
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**ADDITIONAL
INFORMATION**

MOWING/SLASHING/BRUSH CUTTING

Mowing/Slashing	\$ _____ per hour
Whipper Snipping/Brush Cutting	\$ _____ per hour
Hand Mowing	\$ _____ per hour

All prices are to be exclusive of GST

Experience _____

Additional Information _____

SUPPLY OF MATERIALS

Concrete	\$ _____/m ³
Gravel	\$ _____/m ³
Rock	\$ _____/m ³
Screenings	\$ _____/m ³
Top Soil	\$ _____/m ³
2 Coat Seals	\$ _____/m ³

All prices are to be exclusive of GST

Additional Information _____

WEED CONTROL (SPRAYING/REMOVING)

Indicate formal qualifications by ticking the following that are applicable:

Follow basic chemical safety rules	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Apply chemicals under supervision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepare and apply chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transport, handle and store chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OTHER QUALIFICATIONS _____

EXPERIENCE _____

SPRAYING RATE PER HOUR \$ _____ p/h

All prices are to be exclusive of GST

Contractor responsible for the supply of all selected chemicals, wetting agents, and dyes.

Additional Information _____
