

**REGISTER OF
CONTRACTORS FOR 25/26**
FIRE RISK ABATEMENT SERVICES

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.: _____



SCHEDULE OF RATES

INSURANCE INFORMATION

All insurance policies must remain current for the duration of the services, details will be 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

SCHEDULE OF RATES

Mowing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rate Per Hour \$ _____
Brush cutting (Removal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rate Per Hour \$ _____
Slashing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rate Per Hour \$ _____
Blackberry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rate Per Hour \$ _____
Broom	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rate Per Hour \$ _____
Gorse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rate Per Hour \$ _____
Holly	<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 \$ _____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rate Per Hour \$ _____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rate Per Hour \$ _____

All prices to be exclusive of GST

EXPERIENCE

Experience: _____

Licence: _____

Additional Information: _____

SCHEDULE OF RATES

SCOPE OF WORKS

Select all areas and services that you are able to complete works.

	Granville Harbour	Trial Harbour	Gormanston	Queenstown	Tullah	Rosebery	Zeehan	Strahan
Grass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blackberry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gorse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHECKLIST

Please ensure that before submitting your application you have provided:

- Copies of Certificate of Currencies for -
 - Public Liability Insurance
 - Motor Vehicle Insurance
 - Workers Compensation
 - Personal Sickness and Accident Insurance
- All prices supplied are exclusive of GST
- Bank details
- Registration form is completed in full
- Expressions of interest is signed and dated

SCHEDULE OF RATES

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 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