

Application to be an Inducted Contractor to perform work on CYCSA Property

Company I	ABN:								
Address:				Business Description:					
Suburb:				Insurance Company:					
State: Postcode:				Policy Number:					
Ph:		Mob:		Expiry Date:					
Email: Fax:				Please attach Copy of current Policy: attached Yes / No					
	Principal Cont	ractor	Staff 1	Staff 2			Staff 3		
Name:			Stall 1	366		11 2	Stall 3		
Mobile:									
Inducted									
Date:									
Vehicle Reg. No.									
External	Required (Max 2 per Contractor Business)								
Gate Keys External			_ · 	<u> </u>		-			
Key No. Issued:									
Internal	Yes / No		Yes / No	,	Yes / No		Yes / No		
Gate Keys Internal	163 / 140		163 / 140		163 / 140		163	7 140	
Key No.									
Issued: Date									
Inducted									
Signature of CYCSA									
Inductor									
Main Servi			List other Services Provided by Contractor:						
1.		1.							
Contractor (Directory w		2.							
	ory once approve	once approved 3.							
			_						
	Must attach at lea	st \$10,000),000 current public liabili	ty insurance certi	ificat	e that covers ve	ssels over 8 N	letres	
OFFICE U	ISE	 —							
<u>Payment</u>	Method	Cash	Cheque	Amex	,	Visa/Mastercard	d		
Credit Card number:				Expiry Date: / /					
Signature:				Name on the Card:					
External Ga	ate Keys \$38.50 in	c GST - Max c GST	nc GST x 2 per contractor business payable if external or inte		t and	replaced			
Received b	The Cruising Y			Ş	\ > _		6	ST Inclusive	

A.B.N. 63 536 595 624