

CODE: _____

SD#: _____

SUBCONTRACTOR

Details

Trading Name: _____

Owner Name: _____ ABN: _____

Address: _____ Postcode: _____

Mobile: _____ Email: _____

Phone/Fax: _____ Emergency Contact: _____

Operator Name: _____ Mobile: _____

MachineType/s: _____

Truck Mounted: Yes No If yes, Type: _____ Registration: _____

Machine Attachments/Buckets: _____

Blue/White Card Number: _____ * Competencies Held: _____ *

Drivers Licence Number: _____ * Union: Yes No

Insurance Policies:

- Public Liability Policy (\$5m minimum)*
- Machine and Motor Policy (truck and machine required)*
- Workers Compensation (if held)*
- Income Protection (if held)*

**Copies of cards held by Owners/Operators and Insurance Certificates required - please supply with Subcontractor Details form*

Account Name: _____

Bank: _____ Branch: _____

BSB: _____ Acc No: _____