Government of **Western Australia**
Department of **Transport**
and Major Infrastructure

E183

Type 2 Child Restraint Fitting Station and Officer Application

☐ APPLICATION FOR CHILD RESTRAINT FITTING STATION

☐ APPLICATION FOR CHILD RESTRAINT FITTING STATION NOMINATED OFFICER

IMPORTANT: Read the business rules 'Type 2 Child Restraint Fitting Station Scheme' to confirm your eligibility. Once the application has been completed, attach a copy of your organisation's Certificate of Currency and email or post this form to:
tps@transport.wa.gov.au or;
Department of Transport and Major Infrastructure
34 Gillam Drive
Kelmscott WA 6111

APPLICANT DETAILS

FAMILY NAME

FIRST NAME

PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

RESIDENTIAL ADDRESS

SUBURB

STATE W A POST CODE

ORGANISATION

POSITION

EMPLOYER DETAILS (IF APPLICABLE)

BUSINESS NAME

BUSINESS ADDRESS

SUBURB

STATE W A POST CODE

PHONE NUMBER

INSURANCE INFORMATION

DO YOU OR YOUR ORGANISATION HAVE A MINIMUM OF $20 MILLION PUBLIC LIABILITY INSURANCE?

☐ YES ☐ NO

Employers and sole traders are required to have a minimum of $20 million public liability insurance to participate in this program.

EXPERIENCE

HOW MUCH EXPERIENCE DO YOU OR THE ORGANISATION HAVE COMPLETING THIS WORK?

WHAT TRAINING OR QUALIFICATIONS HAVE YOU UNDERTAKEN?

DECLARATION

I declare that:

- I have read, understand and accept the conditions outlined in the business rules 'Type 2 Child Restraint Fitting Station Scheme'.
- The information on this form is true and correct.
- This company has access to all equipment necessary to perform the work at these premises.
- Any modification performed or contracted by this company will be in accordance with all requirements laid out in the business rules.
- I understand that under the provisions of the *Road Traffic (Administration) Act 2008*, it is an offence to provide false or misleading information.

DECLARED AT

SIGNATURE OF DECLARANT

DATE / /

ENDORSEMENT OF EMPLOYER

DATE / /