



1. Registered Training Organisation Details

Company name:	
Trading as: <i>(if applicable)</i>	

2. Address

Office address:	
Postal address:	
Email:	

3. Contact Numbers

Office:	Mobile:	Other:
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4. CEO / Director / Managing Director

Name:			
Driver licence no:	Class:	Expiry date:	Issue State:
Name:			
Driver licence no:	Class:	Expiry date:	Issue State:

5. RTO representative(s)

Name:			
Position held with RTO:			
Contact No:		Email:	
Driver licence no:	Class:	Expiry date:	Issue State:
Name:			
Position held with RTO:			
Contact No:		Email:	
Driver licence no:	Class:	Expiry date:	Issue State:

6. Supporting Information

copies to be emailed to hvtraining@transport.nsw.gov.au

ACN or ABN certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current unrestricted Heavy Licence Rigid or equivalent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ASQA Documentation verifying the bona fide training organisation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HVCBA Accreditation Agreement signed and received	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. Current Insurance

copies to be emailed to hvtraining@transport.nsw.gov.au

Workers compensation period of cover:	From:	to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public liability period of cover:	From:	to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional indemnity period of cover:	From:	to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motor vehicle comprehensive period of cover:	From:	to:	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Fit & Proper Person Guidelines

Certification - read and understood Fit & Proper Person Guidelines	Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certification - read and understood Fit & Proper Person Guidelines	Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Roads and Maritime Services Code of Conduct Awareness *(delivered in the last 12 months)*

Code of conduct for RTA representatives - certification/attendance:	Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code of conduct for assessors - certification/attendance	Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Continuous Performance Development for Assessors / RTO Representatives *(please list)*

1.	Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Comment

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Please forward the completed form together with the copies of the relevant documentation to:
hvtraining@transport.nsw.gov.au

Thank you