



APPLICATION FOR ACCREDITATION OR VARIATION OF ACCREDITATION FORM 4

Please indicate whether the applicant is seeking a new accreditation or variation of an existing accreditation.

New accreditation

Variation to existing accreditation

1. ACCREDITATION TYPE

Rail Infrastructure Manager

Rolling Stock Operator

Both

2. JURISDICTIONS IN WHICH RAILWAY OPERATIONS ARE OR WILL BE UNDERTAKEN

Jurisdictions in which accreditation is currently held:

Qld

NSW

VIC

SA

WA

NT

TAS

Attach copies of all interstate accreditation notices and list references to these attachments:

Jurisdictions in which application for accreditation or variation is sought:

Qld

NSW

VIC

SA

WA

NT

TAS

3. APPLICANT INFORMATION

Name of organisation to be accredited:

Entity type:

Company

Partnership

Incorporated association

Unincorporated association

Trading name (if appropriate):

Australian company number (ACN) or Australian business number (ABN):

Telephone no:

Facsimile no:

Registered office address:

Postcode:

Postal address:

Postcode:

Name of person accountable for the organisation:

Position/title:

Telephone no:

Facsimile no:

Email:

Application key contact representative:

Position/title:

Telephone no:

Facsimile no:

Email:

4. ACCREDITATION REQUIREMENT

Describe the nature and scope of the activities for which the applicant is seeking accreditation. In the case of variation to accreditation describe the nature and scope of the new railway operations or the change to be made to railway operations.

5. PERIOD OF REQUIREMENT

Preferred commencement date:

Requested expiry date:
(Optional)

6. RAILWAY OPERATIONS TO BE CONDUCTED

Indicate what railway operations will be covered by the accreditation:

- Infrastructure railway operations:
- | | | | | | |
|--------------|--------------------------|------------|--------------------------|-----------------|--------------------------|
| Construction | <input type="checkbox"/> | Management | <input type="checkbox"/> | Commissioning | <input type="checkbox"/> |
| Maintenance | <input type="checkbox"/> | Repair | <input type="checkbox"/> | Modification | <input type="checkbox"/> |
| Installation | <input type="checkbox"/> | Operation | <input type="checkbox"/> | Decommissioning | <input type="checkbox"/> |
- Rolling stock railway operations:
- | | | | | | |
|--------------|--------------------------|---------------|--------------------------|-----------------|--------------------------|
| Construction | <input type="checkbox"/> | Commissioning | <input type="checkbox"/> | Maintenance | <input type="checkbox"/> |
| Repair | <input type="checkbox"/> | Modification | <input type="checkbox"/> | Decommissioning | <input type="checkbox"/> |
- Operation or movement of rolling stock by any means on a railway

7. RAILWAY IN RELATION TO WHICH ACCREDITATION IS SOUGHT

Describe the railway including its geographic boundaries. Attach map if required.

8. EVIDENCE OF EFFECTIVE MANAGEMENT AND CONTROL OF RAIL INFRASTRUCTURE

1. Applicant is the owner of the rail infrastructure
2. Applicant has a statutory or contractual right to use the rail infrastructure or to control or provide access to it
3. A combination of 1 and 2
4. Other

NOTE: Documentary evidence must be attached to the application. List any supporting documentary evidence and attach materials if necessary.

8.1 RAIL INFRASTRUCTURE

Provide details of specific rail infrastructure (attach documents if required).

Electrification

Does the railway include electrified railway tracks? Yes No

If yes, provide details of the electrification.

8.2 RAIL INFRASTRUCTURE OPERATIONS

List any third parties who will be undertaking the design, construction, commissioning, operation, installation, modification, maintenance, repair, cleaning or decommissioning of the rail infrastructure on behalf of the applicant and the manner in which these persons services are engaged.

8.3 RAIL INTERFACES

Does the railway have interfaces with the railway operations of another rail transport operator, public roads or other roads? Yes No

If yes, provide a copy of or references for the applicant's register of interface agreements.

9. EVIDENCE OF EFFECTIVE MANAGEMENT AND CONTROL OF THE OPERATION OR MOVEMENT OF ROLLING STOCK

- 1. Applicant owns the rolling stock
- 2. Applicant hires or leases the rolling stock
- 3. A combination of 1 and 2
- 4. Other

NOTE: Documentary evidence must be attached to the application.

List any supporting documentary evidence and attach materials if necessary.

9.1 RIGHT OF ACCESS TO RAIL INFRASTRUCTURE

Provide details of the rights of access to the rail infrastructure on which the rolling stock is to operate.

9.2 ROLLING STOCK TO BE MOVED OR OPERATED

Describe rolling stock to be moved or operated.

9.3 PARTIES UNDERTAKING MOVEMENT OR OPERATION OF ROLLING STOCK

List third parties who may be undertaking movement or operation of rolling stock on the applicant's behalf and the manner in which the parties are engaged.

Five empty rectangular boxes for listing third parties.

9.4 PROVIDERS OF TRAIN CREWS

List third parties who may provide train crews.

Five empty rectangular boxes for listing third parties.

9.5 ROLLING STOCK OPERATIONS

List any third parties who will be undertaking the design, construction, commissioning, operation, modification, maintenance, repair, cleaning or decommissioning of rolling stock on behalf of the applicant and the manner in which the parties are engaged.

Five empty rectangular boxes for listing third parties.

10. FINANCIAL CAPACITY/PUBLIC RISK INSURANCE

Third Party Property Insurance:

Insurer: []
Policy Value: [] Policy number: []

Public Liability Insurance

Insurer: []
Policy Value: [] Policy number: []

Are copies of insurance policies attached? Yes No

Are copies of the company's audited accounts for the past 3 years attached? Yes No

11. EVIDENCE OF CONSULTATION IN PREPARATION OF SAFETY MANAGEMENT SYSTEM

Provide supporting evidence below or provide attachments.

12. SAFETY MANAGEMENT PLAN

Attach copies of and provide references to the Safety Management Plan document/s.

12.1 SAFEWORKING SYSTEMS

Describe the safeworking systems to be used by the applicant.

12.2 NSW REQUIREMENTS

Attach copies of and provide references for the following:

- Drug and Alcohol Program

- Fatigue Management Program

13. ADDITIONAL CONTACTS

Name and contact details for Accreditation key contact representative (if this differs from the application key contact representative in Section 3)

Position/title:

Telephone no: Facsimile no:

Email:

Name and contact details for Safety Management Key contact representative (if this differs from the application key contact representative in Section 3)

Position/title:

Telephone no: Facsimile no:

Email:

14. SAFETY PERFORMANCE REPORTING

Do you wish to make an agreement with the ITSRR in relation to the reporting period and due date for annual safety performance reports?

Yes No

If yes, please indicate the preferred due date for the safety performance report.

/ /

Please indicate the preferred 12 month reporting period.
(For example 1 July to 30 June).

From / / to / /

Reason for seeking the above reporting period.

15. APPLICANT DECLARATIONS

Please read the following declarations carefully before signing.

These are personal declarations and undertakings by each signatory to this application. Where the applicant is a company, by making this declaration the nominated directors and managers of the company are assuming the company's compliance with these declarations and undertakings.

Declaring falsely, or failing to fulfil any undertakings you give as part of these declarations, may result in accreditation being suspended or cancelled, or other legal action as prescribed in the relevant rail safety legislation.

I declare that:

- All information provided in relation to this application is complete and correct; and
- I do not fall within one or more of the categories of persons identified under Sections 206B, 206C, 206D, 206E, 206EA, or 206F of the Corporations Act 2001 (Cth) relating to persons disqualified from managing a company regardless of whether this application is made by an individual or on behalf of a company; and
- I have attached details of all actions pending and judgments against me within the last five years; and
- I have not been convicted of any criminal offences in the last five years; and
- I have attached full details of all charges pending against me.

Name:

Signature:

Date:

Name:

Signature:

Date:

16. SUPPLEMENTARY: APPLICANT FOR ACCREDITATION OR VARIATION OF ACCREDITATION DECLARATIONS

This additional sheet may be provided to applications where additional persons are required to sign the application.

Name of applicant organisation:

The signatories below make the declarations as stated on the application lodged by the above date:

Name of signatory:

Role/position:

Signataure:

Date:

Name of signatory:

Role/position:

Signataure:

Date:

Name of signatory:

Role/position:

Signataure:

Date:

17. APPROVALS (Office use only)

Comments:

Recommended for approval?

Yes

No

Position/s:

Signature/s:

--	--

Date:

/	/
---	---

/	/
---	---