

CONTRACTOR PRE-QUALIFICATION

This form must be completed by the contractor and a company representative before any work can commence.

Page 1 is to be Completed by the Contractor. (Refer to page 2 for reference)

Please Describe the Scope of Work

Do you have safe work, quality and environmental control methods in place to undertake the work indicated above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been trained and are you competent in the safe working method/s?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been consulted on the safety, quality and environmental requirements and given necessary information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: If any of the requirements above are met, No work will be undertaken until not in compliance with the requirements. All requirements must be completed.

ORDER NOW AND GET FULL ACCESS

Contractor Details:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Accepted by Contractor:
Name: _____ Title: _____
Signature: _____ Date: _____

Accepted by Client:
Name: _____ Title: _____
Signature: _____ Date: _____

Notes:
I hereby certify that the information provided is true and correct to the best of my knowledge and belief.
I understand that the contractor is responsible for ensuring that all work is completed in accordance with the contract and all applicable laws and regulations.
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Page 1 is to be completed by a Company Representative

Name of Contractor Company:		
ABN of Contractor Company:		
Job Location:		
Services to be Provided by Contractor:		
Name and contact details of the person responsible for the quality of the work performed by the Contractor:		
Name:		Contact:
Li	ites requ	f
		licen
		Expiry Date



SAMPLE

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This supplier attached certifies the original work agreement and		Y/N	Y/N
attach proof that the contractor holds current Worker Compensation Insurance from the original work agreement		Y/N	Y/N
Does the contractor hold Trade, Public Liability Insurance from the original work agreement		Y/N	Y/N
Does the contractor hold Public Liability Insurance from the original work agreement		Y/N	Y/N
Does the contractor hold Public Liability Insurance from the original work agreement		Y/N	Y/N
Detail any additional feedback, suggestion or information that needs to address or the quality or safety of the work performed by the contractor			
All work completed/ready to be used			
Have questions been satisfactorily answered?		Y/N	Y/N
Is approval recommended?		Y/N	Y/N
I've got details			
Name:	Signature:		