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CODE_____

SUBCONTRACTOR

Details

Trading Name:	
Owner Name:	ABN:
Address:	Postcode:
Mobile:	Email:
Phone/Fax:	Emergency Contact:
Operator Name:	Mobile:
Machine Types:	
Truck Mounted: Yes a No I	yes, Type:Registration:
Machine Attachments/Bucke	ts:
Blue/White Card Number:	** Competencies Held:*
Drivers Licence Number: Uni	on: Yes No No
Insurance Policies:	
□ Public Liability Policy (\$5r□ Machine and Motor Polic□ Workers Compensation (□ Income Protection (if held	y (truck and machine required)* f held)*
*Copies Of cards held by Owners, Ope	rators and Insurance Certificates required - please supply with Subcontractor Details form
Account Name:	
Bank:	Branch:
BSB:	Acc No: