Completion of this form is required before a company can be placed on the UQ Property and Facilities (P&F) Contractor Register and allowed to commence work for or on behalf of P&F on any UQ buildings or grounds.

**NOTE:** Attach additional name or licence information, if required.

### Company Details *(Please print clearly):*

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>ABN No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postal Address:</td>
<td>Suburb / City / Post Code:</td>
</tr>
<tr>
<td>Physical Address:</td>
<td>Suburb / City / Post Code:</td>
</tr>
<tr>
<td>Contact Phone No.:</td>
<td>Fax No.:</td>
</tr>
</tbody>
</table>

### Main Contact

<table>
<thead>
<tr>
<th>Name:</th>
<th>Position Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone No.:</td>
<td>Phone Ext:</td>
</tr>
<tr>
<td>Email Address:</td>
<td>Web Address:</td>
</tr>
</tbody>
</table>

### Business Activity *(Select one activity with a cross which one of the below best describes your business):*

- [ ] Air Compressors
- [ ] Animal Handlers
- [ ] Architect
- [ ] Asbestos/Haz. Materials
- [ ] Autoclaves/Boilers
- [ ] Battery
- [ ] Blinds/Curtains
- [ ] Brick/Block Laying
- [ ] Builders
- [ ] Building Mgt Systems
- [ ] Carpet/Vinyl
- [ ] Civil Works
- [ ] Cleaning
- [ ] Concreting
- [ ] Cranes / Hoists
- [ ] Demolition
- [ ] Earthmoving
- [ ] Electrical
- [ ] Fencing
- [ ] Fire Services
- [ ] Fume Cupboards
- [ ] Furniture
- [ ] Glaziers
- [ ] HVAC
- [ ] Landscaping/Lawn Mowing
- [ ] Lift
- [ ] Locksmith
- [ ] Painting
- [ ] Pest Control
- [ ] Plumbing & Gas Fitters
- [ ] Pumps
- [ ] RO Water
- [ ] Roofing
- [ ] Rope Access
- [ ] Scaffolding
- [ ] Security
- [ ] Signage
- [ ] Stonemasons
- [ ] Telecommunication/Data
- [ ] Test and Tag Services
- [ ] Tilers
- [ ] Traffic Consultant
- [ ] Other: ___

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Induction completed on: / /
Contractor Declaration
Below must be signed after attending and completing the P&F Contractor Induction. By signing the Contractor agrees to adhere to the P&F Occupational Health, Safety & Environmental policies and procedures.

Name of person making declaration: 
Position of person making declaration: 
Signature: 
Date:

NOTE: The contractor company will be registered with the University for a period of 24 months from the date of signing.

UQ reference name:

Company Insurance (Please print clearly):

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Policy No.</th>
<th>Expiry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers Compensation</td>
<td>Policy No.</td>
<td>Expiry Date</td>
</tr>
<tr>
<td>Public Liability:</td>
<td>Policy No.</td>
<td>Expiry Date</td>
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</table>

Licences Held by Company (please attach certificate)

<table>
<thead>
<tr>
<th>Licence Type</th>
<th>Licence No.</th>
<th>Expiry Date</th>
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Office Use Only
☐ UQ contact confirmation.
☐ Ensure minimum insurance $10 million.
☐ Confirm with UQ contact that contractor is suitable for the work nominated.

Please forward this completed form, along with the:
- Copy of the Business Licence;
- Copy of Workers Compensation;
- Copy of Third Party Liability Insurance.

To: Health & Safety Co-ordinator
    Prentice Building (42)
    The University of Queensland 4072
    Ph: 3346 9268
    hsc@pf.uq.edu.au

Further information on this process can be found at the Property & Facilities website: