

Level 2 Accredited Service Provider Individual Agreement for Authorisation



Individuals First Name: Individuals Surname:

Individuals Contact Number: Individuals D.O.B:

Individuals Pegasus ID No:
(if known)

ASP/2 Company Name:
(Individual to be authorised under)

ASP/2 Company AUC No:

Level 2 Accredited Service Provider Authorisation Classes **Select the classes the applicant is to be authorised as:**

- Class 2A Disconnect/Reconnect Class 2B UG Service Mains Class 2C OH Service Mains Class 2D Metering & Energising
- Class 2Xd Electrically Qualified Observer Class 2Xe Non-electrically Qualified Class 2Xe (A) Non-electrically Qualified Apprentice Electrician Class 2Xf Telecommunications worker

As an Accredited Service Provider (ASP) working on the network under the contestable works accreditation scheme, you are required, under the scheme to comply with the relevant parts of the local electricity distributor's safety management system, electrical safety rules and other relevant policies.

As the local electricity distributor Ausgrid request that each ASP confirm the following information and answer the questions below.

Please note Ausgrid may rely on the information you provide to discharge its work health and safety obligations and facilitate consultation, cooperation and coordination with other duty holders (including ASPs).

By signing below, you are confirming that:

- you have made yourself aware of your companies safety management system for undertaking work on the network;
- you have access to and/or obtained copies of the relevant systems/electrical safety rules of Ausgrid;
- you have reviewed the relevant systems/electrical safety rules of Ausgrid and you agree that you will review any updates to those systems/electrical safety rules as made from time to time;
- Ausgrid's relevant systems/electrical safety rules are consistent with your companies arrangements for managing health and safety (as set out in your companies safety management system);
- you acknowledge and agree that Ausgrid may suspend or cancel your authorisation at any time on the grounds of safety or non-compliance with the conditions and requirements set out in Ausgrid's publication ES4 - Accredited Service Provider Authorisation or the NSW Department of Planning & Environment's Accreditation of Providers of Contestable Services (Scheme Rules); and
- you understand all matters related to your authorisation.

Consultation

1. Do you have any questions about the relevant systems/electrical safety rules and/or working on the network? If so, please set out the question below. If you have no questions enter 'N/A' below.

2. Is there any information Ausgrid should be aware of that might impact the ability of you or your workers to work safely on the network? This might include unusual projects or anticipated proximity to Ausgrid workers. If you have no questions enter 'N/A' below.

3. Are there any hazards/risks associated with the work of the ASP may affect the work health and safety of the Ausgrid workers? If so, can you please provide details? If you have no questions enter 'N/A' below.

I (name)

of (Address)

acknowledge and agree to and understand the conditions set out above.

Applicant Sign:

Date: