Level 1 Accredited Service Provider Individual Agreement for Authorisation

Aug19



$\left(\right)$	Individuals First Name:	Individuals Surname:]
	Individuals Contact Number:	Individuals D.O.B:]
	Individuals Pegasus ID No:			
	ASP/1 Company Name: (Individual to be authorised under)]
	ASP/1 Company AUC No:)
Level 1 Service Provider authorisation categories Select the categories the applicant is to be authorised as:				
	1A. Lineworker		1Xg(L). Apprentice Lineworker	
		able Work Assistant (CWA)	1Xg(J). Apprentice Cable Jointer	
		munications Worker	1Xg(E). Apprentice Electrician	
	As an Accredited Service Provider (ASP) working on the netw under the scheme to comply with the relevant parts of the lo rules and other relevant policies.	cal electricity distributor's safe	ty management system, electrical safety	
As the local electricity distributor Ausgria request that each ASP confirm the following information and answer the questions be				
	Please note Ausgrid may rely on the information you provide to discharge its work health and safety obligations and facilitate consulation, 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 Ausgrid's 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 rul systems/electrical safety rules as made from time to time; 			
	 Ausgrid's relevant systems/electrical safety rules are consist 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 nor compliance with the conditions and requirements set out in Ausgrid publication 194 - Service Provider Authorisation or NSW Department of Industry Scheme for Accreditation of Service Providers to Undertake Contestable Works; 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 the question below. If you have no questions enter N/A.			ing on the network? If so, please set out	
			•	
	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.			
	3. Are there any hazards/risks associated with the work of the a workers? If so, can you please provide details? <u>If you have no q</u>		ealth and safety of the Ausgrid	
)
l (n	ame)			_
of ((Address)			
ack	nowledge and agree to and understand the conditions set	out above.		
	Applicant Sign:			
	Date:			