



PP – F020



PCCP® ACCREDITATION SCHEME DETAILS OF PARTICIPATING CONTRACTOR ORGANISATION

Editorial Note: This version of the document adds new logo.

Instructions on how to complete this form – Use the Tab key to move between fields; where applicable, select options from the drop-down box; check boxes using the Space bar.

1. ORGANISATIONAL DETAILS

Trading Name						PCCP Accreditation No. PRNO	
Legal Name of Company						ACN / ABN no.	
Name of Parent company <input type="checkbox"/> Not applicable						ACN / ABN no.	
Street address		Suburb/Town:	State: select	Other state:	Country: Australia	Other country:	Postcode:
Postal address select		Suburb/Town:	State: select	Other state:	Country: Australia	Other country:	Postcode:
Generic telephone:		Web site/s: http://www.		General sales enquiry email:			
Accreditation status: select		Accreditation Category: <input type="checkbox"/> protective coatings <input type="checkbox"/> architectural coatings <input type="checkbox"/> line marking		Date of original PCCP accreditation		No. of employees:	
Accreditation Class(es): Protective Coatings							
<input type="checkbox"/> Class 2 – Shop application (enclosed facility)		<input type="checkbox"/> Sub-class 1 – liquid organic coatings					
<input type="checkbox"/> Class 3 – Site application (atmospheric service)		<input type="checkbox"/> Sub-class 2 – thermal metal coatings					
<input type="checkbox"/> Class 4 – Site application (immersion service)		<input type="checkbox"/> Sub-class 3 – intumescent coatings					
<input type="checkbox"/> Class 5A (Provisional) – Hazardous (heavy metal), abrasive blasting, full containment							
<input type="checkbox"/> Class 5A (Full) – Hazardous (heavy metal), abrasive blasting, full containment							
<input type="checkbox"/> Class 5B (Provisional) – Hazardous (heavy metal), non-abrasive removal, containment & collection							
<input type="checkbox"/> Class 5B (Full) – Hazardous (heavy metal), non-abrasive removal, containment & collection							
<input type="checkbox"/> Class 6 (Provisional) – Hazardous (respirable dust)							
<input type="checkbox"/> Class 6 (Full) – Hazardous (respirable dust)							
Accreditation Class(es): Architectural Coatings							
<input type="checkbox"/> Class 18 – Floor coatings; commercial buildings		<input type="checkbox"/> Class					
Accreditation Class(es): Pavement Marking							
<input type="checkbox"/> Class 20 – Major road & freeway works		<input type="checkbox"/> Class 24 – Intersections					
<input type="checkbox"/> Class 21 – Minor road works		<input type="checkbox"/> Class 25 – Raised pavement markings					
<input type="checkbox"/> Class 22 – Audio tactile markings		<input type="checkbox"/> Class 26 – High friction markings					
<input type="checkbox"/> Class 23 – Car parks etc		<input type="checkbox"/> Class 27 – Removal activities					
<input type="checkbox"/> Class 28 – Airport markings							
Accreditation Class(es): Architectural Coatings							
<input type="checkbox"/> Class 35 – Powder coatings; architectural for buildings		<input type="checkbox"/> Class 36 – Powder coatings; general industrial use					
Approximate turnover (in A\$) last full financial year:							
<input type="checkbox"/> Less than \$2M		<input type="checkbox"/> Between \$2M & \$4M		<input type="checkbox"/> \$4M - \$10M		<input type="checkbox"/> Greater than \$10M	
Please indicate in which markets you intend to actively seek PCCP jobs:							
<input type="checkbox"/> ACT		<input type="checkbox"/> NSW		<input type="checkbox"/> NT		<input type="checkbox"/> QLD	
<input type="checkbox"/> SA		<input type="checkbox"/> TAS		<input type="checkbox"/> VIC		<input type="checkbox"/> WA	
<input type="checkbox"/> NZ		Other overseas. Please nominate:					
Details of Quality System accreditation ⁽²⁾ select		If Other, provide details:		3 rd party accreditation body select		Licence no.	Date of last audit
Details of any OH&S accreditation ⁽²⁾ select		If Other, provide details:		3 rd party accreditation body select		Licence no.	Date of last audit
Details of any environmental accreditation ⁽²⁾ select		If Other, provide details:		3 rd party accreditation body select		Licence no.	Date of last audit
Brief description of nature of current business & key skills:							
Additional Notes: (eg details of other sites etc. For each site to be accredited, please complete PCCP form F022)							



DETAILS OF PARTICIPATING CONTRACTOR ORGANISATION

2. PRINCIPAL PCCP CONTACT			
Name:		Position:	
Telephone	Mobile	Email	
2.1 Alternative key PCCP contact (may be non-technical)			
Name:		Position:	
Telephone	Mobile	Email	
3. KEY OTHER PCCP CONTACTS			
3.1 Person with responsibility for quality assurance			
Name:		Position:	
Telephone as above	Mobile	Email as above	
3.2 Person to whom invoices should be sent			
Name:		Position:	
Telephone as above	Mobile	Email as above	
3.3 Person with responsibility for new Sales / business			
Name:		Position:	
Telephone as above	Mobile	Email as above	
3.4 Senior administration executive (eg. Business owner, Director etc)			
Name:		Position:	
Telephone as above	Mobile	Email as above	
4. QUALIFIED COATING INSPECTORS (Class 1 to 6 only)			
4.1 Coating Inspector #1			
Name:		Title:	
Telephone: as above	Mobile:	Email: as above	
4.2 Coating Inspector #2			
Name:		Title:	
Telephone: as above	Mobile:	Email: as above	
4.3 Coating Inspector #3			
Name:		Title:	
Telephone: as above	Mobile:	Email: as above	
4. QUALIFIED HAZARDOUS COATINGS RESPONSIBLE PERSONS (Accreditation Classes 5 & 6 only)			
4.1 Responsible Person #1			
Name:		Title:	
Telephone: as above	Mobile:	Email: as above	



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4.2 Responsible Person #2			
Name:		Title:	
Telephone: as above	Mobile:	Email: as above	
4.3 Responsible Person #3			
Name:		Title:	
Telephone: as above	Mobile:	Email: as above	
Any special Notes			
5. (Office use only)	<u>Project #</u> XP	<u>VSA expiry date</u>	<u>VSA #</u>
Updated	<input type="checkbox"/> Primis	<input type="checkbox"/> PP-D016	<input type="checkbox"/> gp email lists
		<input type="checkbox"/> audit prog	<input type="checkbox"/> PCCP database
Access to site notes (travel time; suburb for GPS etc:			