

CRANE ENGINEERING SERVICES PTY LTD PO Box 1159 ARMADALE NORTH VIC 3143 <u>T</u> 1300 008 838 <u>E</u> info@craneengineeringservices.com.au ABN: 50 616 974 657

Form: CES-APP-01

Application to Register as an Assessor

1. Applicant Details	<u> </u>						
First Name		ond Name pplicable)	Surname				
Date of Birth (dd/mn	n/yy)						
Residential addres	s						
Unit No.	Street No.	Street Name					
Suburb	State	•	Postcode				
Postal address							
Tick this box if th	e postal address i	s the same as th	e address above.				
PO Box / Full Address							
Telephone		Mobile					
Email							
Self Employed Company Employed							
Company Name							
Business Address							
Telephone		Ema	ıil				

2. Qualifications

Vocational certificates / professional qualifications / license held:

Mechanical Trade / Diesel Fitting

Hydraulic Systems / Fluid Power

Fabrication / Welding

Non Destructive Testing

Engineering

Others

Please provide details of the relevant qualification:

3. Industry Experience

Please specify the number of years of industry experience:

4. Categories of Machinery requested for Endorsement

Select categories of machinery you wish to apply for endorsement in the Machinery Annual Compliance assessment program :

All Terrain Crane

Crawler Crane

Mobile Hydraulic Truck Crane

Pick and Carry Crane

Rough Terrain Crane

Vehicle Loading Crane

Telescopic Handler

Mobile Elevating Work Platform

Please explain your background and experience, and provide evidence that you have sufficient skill and knowledge to perform annual assessment in the categories of machinery selected above.

^{*}Other categories to be advised in due course.

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Assessors must have knowledge of the technical standards relevant to the categories of machinery to be assessed. Please demonstrate your experience and knowledge of the Australian Standard AS1418 & AS2550 (Cranes, Hoists and Winches).

6. Information Bulletins and OEM / Manufacturer's Recommendations

Manufacturers of machinery provide reminders of proper operation, hazards of improper use and safety recalls. Do you keep yourself up to date with these advises from various sources?

7. State Work Health & Safety Regulations and Codes of Practice

Assessors must be familiar with the relevant state work health & safety regulations and codes of practice in the areas they wish to work in. Do you keep yourself up to date with your state government's requirements?

8. Referees

Signature

Please	provide	details	of a min	imum (of two	referees	to confi	rm your	experience	ce and	compete	ency to
perform	n the role	e of a M	achinery	/ Annu	al Con	npliance	assesso	or.				

rirst Referee	
Name	Company Name
Telephone	Email
Second Referee	
Name	Company Name
Telephone	Email
9. Professional Indemnity & Public Liability In	surance
Assessors must have insurance coverage for unchave professional indemnity & public liability insu	
Yes	
No (Information on insurance will be sent)	
10. Declaration	
I declare that: i) I have not been convicted on any offence again legislation. ii) All the information contained in and accompany	·

Please attach a resume and relevant supporting documents.

Name

Email completed form to: info@craneengineeringservices.com.au

Date