

Level 1 Accredited Service Provider Individual Agreement for Authorisation - Vegetation Worker



Individuals First Name:	<input type="text"/>	Individuals Surname:	<input type="text"/>
Individuals Contact Number:	<input type="text"/>	Individuals D.O.B.:	<input type="text"/>
Individuals Pegasus ID No:	<input type="text"/>		
<small>(If known)</small>			
ASP/1 Company Name:	<input type="text"/>		
<small>(Individual to be authorised under)</small>			
ASP/1 Company AUC No:	<input type="text"/>		

Level 1 Service Provider authorisation categories

Select the categories the applicant is to be authorised as:

- 1Xh (E) - Vegetation worker EWP controller
 1Xh (G) - Vegetation worker Ground controller
 1Xh (T) - Vegetation worker Tree climber

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 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 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 publication ES4 - 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 out the question below. If you have no questions enter N/A.

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 ASP that 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.

I (name)

of (Address)

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

Applicant Sign: _____

Date: