

Contractor PQC Form 1—Applicant Details

Each section is numbered—refer to the **Contractor PQC: Application Guide** for detailed instructions.

1.1 Applicant details	1.3 Licensing and registration		
Name of applicant	Licence details that have been issued in the name of the applicant.		
	Issuing body	Licence number	
Trading Name			
Triading Wallie	Class or type	Restrictions (if any)	
Trading Parters	Maximum Revenue (if applicable)		
	Maximum Revenue (ii applicable)		
Australian Business Number (ABN)	Leaving hade		
	Issuing body	Licence number	
Australian Company Number (ACN)			
	Class or type	Restrictions (if any)	
Web address (URL)			
WED dudiess (ORE)	Maximum Revenue (if applicable)		
Current Ratio (Refer to the Contractor PQC Financial Requirements Guideline, Section 3.0)	Issuing body	Licence number	
(neter to the contractor riger maneral regularities our define, section 5.0)			
Net Tangible Assets-Government (NTA-Govt) (Refer to the Contractor PQC Financial Requirements Guideline, Section 2.0)	Class or type	Restrictions (if any)	
(Refer to the Contractor PQC Financial Requirements Guideline, Section 2.0)			
	Maximum Revenue (if applicable)		
Interested in forming a project specific joint venture? Yes No	maximum nevenue (ii applicable)		
Number of workers interstate Number of workers overseas	Provide supporting evidence, includi from the Queensland Building and Co		
	confirming current licence registratio		
40000			
1.2 Offices and application contact	1.4 Workcover and Portable	e Long Service Leave	
Head Office	Workcover policy number or self-insu	rance licence number	
	(Please provide a certificate of currer	псу)	
Other/regional offices			
All offices included in this application excluding head office.	Portable Long Service Leave number		
	Tottable zong service zeave namser		
	1.5 Financial		
Preferred contact for this application	To assist in identifying compliance w	ith Ougansland Government	
Title Contact name	financial requirements relating to PQ	•	
	the Applicant:		
Position title	Has provided loans or investments to	related entities Yes No	
	Operates through trust arrangements	S ☐ Yes ☐ No	
Email	Operates through a partnership or jo		
	Operates as part of a group of compa		
Telephone Fax	e peraces as part or a group or compa		
Mobile			
Mobile			

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Name of Applicant	
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1.6 Prequal history		1.7 Propriety (continued)	
Details of registration or prequalification status with other clients or authorities.		If 'yes' to any of the above, provide details below and/or attach additional information.	
Client/Authority	Details	Title Contact name	
		Details	
Has the Applicant (including any partner individual of the Applicant previously appregistration in their own name or been a individual of another Applicant?	oplied for PQC		
If 'yes' under what name	Date	Title Contact name	
Is the Applicant (including any partner)	or any significant	Details	
Is the Applicant (including any partner) individual of the Applicant currently regi system in their own name or as a signif of another Applicant?	istered on the PQC		
If 'yes' under what name	Date		
1.7 Propriety		1.8 Compliance	
Has the Applicant (including and partne significant individual ever:	r) or any	Has the applicant ever: Had any adverse court or tribunal decision for a breach	
Been bankrupt?	☐ Yes ☐ No	of workplace relations law, occupational health and safety	
Entered into a debt agreement under Pa Bankruptcy Act 1966?	nrt IX of the	law, or workers' compensation law in the two years preceding the date of this application?	
Entered into a composition, deed of arra assignment under Part X of the Bankrup		Had any enforceable undertakings relating to workplace relations law, occupational health and safety law, or	
Been a significant individual of anothe	·	workers' compensation law in the two years preceding the date of this application?	
or within 12 months of the time that it wentered into a debt agreement under Pa 1966 or entered into a composition, decassignment under Part X of the Bankrup	vas either declared bankrupt, irt IX of the Bankruptcy Act ed of arrangement or deed of	Had any orders from any court or tribunal decisions the applicant has not fully complied with relating to a breach of workplace relations law, occupational health and	
Managed or been a significant individu		safety law, or workers' compensation law?	
at the time, or within 12 months of the treceivership, administration, official moments arrangement, in liquidation ocreditors?	time it was placed in either anagement, under a deed of	Had any enforceable undertakings the applicant has not fully complied with relating to workplace relations law, occupational health and safety law, or workers' compensation law? Yes No If 'yes' to any of the above, provide details below and/or attach	
Been prohibited or is presently prohibite by an order of the Australian Securities has an investigation pending?		additional information. Title Contact name	
Been subject to an order of a court in re Corporations Law?		Details	
Been convicted of an offence under the	Corporations Law?		
Been the subject of disciplinary proceed or actions that have led, or may lead, to relation to, or associated with, building	dings, preliminary investigation disciplinary proceedings in		
Been refused an application or been di licence under any Act, Ordinance, Regul content of this application?			
Pleaded guilty or been found guilty of a the last ten years?	a criminal or civil offence within Yes No		

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