Level 1 Accredited Service Provider Individual Agreement for Authorisation



Individuals First Name:	Individuals Surname:	
Individuals Contact Number:	mber: 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	1Xd. Electrician	1Xg(L). Apprentice Lineworker
1B. Cable Jointer (Paper Lead & Polymeric)	1Xe. Contestable Work Assistant (CWA)	1Xg(J). Apprentice Cable Jointer
1C. Cable Jointer (Polymeric)	1Xf. Telecommunications Worker	1Xg(E). Apprentice Electrician
	rking on the network under the contestable wor ant parts of the local electricity distributor's safe	
As the local electricity distributor Ausgrid re	equest that each ASP confirm the following info	rmation 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 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;		
	electrical safety rules of Ausgrid and you agree th	_
 Ausgrid's relevant systems/electrical safe safety (as set out in your companies safety) 	ty rules are consistent with your companies arra nanagement system);	ngements for managing health and
compliance with the conditions and require	may suspend or cancel your authorisation at an ements set out in Ausgrid publication ES4 - Servi itation of Service Providers to Undertake Contes	ce Provider Authorisation or NSW
 you understand all matters related to you Consultation 	r authorisation.	
	vant systems/electrical safety rules and/or worki	ing on the network? If so, please set out
the question below. If you have no question		ing on the network. If 30, please set out
	e aware of that might impact the ability of you o ts or anticipated proximity to Ausgrid workers. <u>If</u>	
3. Are there any hazards/risks associated with workers? If so, can you please provide details	n the work of the ASP that may affect the work h s? <u>If you have no questions enter N/A.</u>	nealth and safety of the Ausgrid
(name)		
of (Address)		
cknowledge and agree to and understand th	e conditions set out above.	
Applicant Sign:		
Date:		
Aug19		