



Application for Accreditation or Variation of Accreditation

Please indicate whether the applicant is seeking a new accreditation or variation of an existing accreditation.

New accreditation

Variation to existing accreditation

1. ACCREDITATION TYPE

Rail Infrastructure Manager

Rolling Stock Operator

Both

2. JURISDICTION IN WHICH RAILWAY OPERATIONS ARE OR WILL BE UNDERTAKEN

Jurisdictions in which accreditation is currently held:

QLD NSW VIC SA

WA NT TAS

Attach copies of all interstate accreditation notices and list references to these attachments:

Jurisdictions in which application for accreditation or variation is sought:

QLD NSW VIC SA

WA NT TAS

3. APPLICANT INFORMATION

Name of organisation to be accredited:

Entity Type: Company Partnership Incorporated Association Unincorporated Association

Trading name (if appropriate):

Australian Company number (ACN) or Australian Business number (ABN):

Telephone no: () Facsimile no: ()

Registered office address:

Postal address:

Postcode:

Name of person accountable for the organisation:

Position / title:

Telephone no: () Facsimile no: ()

Email:

Name of application key contact representative:

Position / title:

Telephone no: () Facsimile no: ()

E-mail:

4. ACCREDITATION REQUIREMENT

Describe the nature and scope of the activities for which the applicant is seeking accreditation. In the case of variation to accreditation describe the nature and scope of the new railway operations or the change to be made to railway operations.

5. PERIOD OF REQUIREMENT

Preferred commencement date:

	/		/	
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Requested expiry date:
(Optional)

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6. RAILWAY OPERATIONS TO BE CONDUCTED

Indicate what railway operations will be covered by the accreditation:

Infrastructure railway operations:

Construction

Management

Commissioning

Maintenance

Repair

Modification

Installation

Operation

Decommissioning

Rolling stock railway operations:

Construction

Commissioning

Maintenance

Repair

Modification

Decommissioning

Operation or movement of rolling stock by any means on a railway

7. RAILWAY IN RELATION TO WHICH ACCREDITATION IS SOUGHT

Describe the railway including its geographic boundaries. Attach a map if required.

8. EVIDENCE OF EFFECTIVE MANAGEMENT AND CONTROL OF RAIL INFRASTRUCTURE

- 1. Applicant is the owner of the rail infrastructure
- 2. Applicant has a statutory or contractual right to use the rail infrastructure or to control or provide access to it.
- 3. A combination of 1 and 2
- 4. Other

NOTE: Documentary evidence must be attached to the application. List any supporting documentary evidence and attach materials if necessary.

8.1 RAIL INFRASTRUCTURE

Provide details of specific rail infrastructure (attach documents if required).

Electrification

Does the railway include electrified railway tracks? Yes No

If yes, provide details of the electrification.

8.2 RAIL INFRASTRUCTURE OPERATIONS

List any third parties who will be undertaking the construction, management, commissioning, maintenance, repair, modification, installation, operation or decommissioning of railway infrastructure on behalf of the applicant and the manner in which these persons' services are engaged.

8.3 RAIL INTERFACES

Does the railway have interfaces with the railway operations of another rail transport operator, public roads or other roads?

Yes

No

If yes, provide a copy of or references for the applicant's register of interface agreements.

9. EVIDENCE OF EFFECTIVE MANAGEMENT & CONTROL OF THE OPERATION OR MOVEMENT OF ROLLING STOCK

- 1. Applicant owns the rollingstock
- 2. Applicant hires or leases the rolling stock
- 3. A combination of 1 and 2
- 4. Other (provide detail)

NOTE: Documentary evidence must be attached to the application. List any supporting documentary evidence and attach materials if necessary

9.1 RIGHT OF ACCESS TO RAIL INFRASTRUCTURE

Provide details of the rights of access to the rail infrastructure on which the rolling stock is to operate.

9.2 ROLLING STOCK TO BE MOVED OR OPERATED

Describe rolling stock to be moved or operated and attach a register of rollingstock to be managed by the applicant.

9.3 PARTIES UNDERTAKING MOVEMENT OR OPERATION OF ROLLING STOCK

List third parties who may be undertaking movement or operation of rolling stock on the applicant's behalf and the manner in which the parties are engaged.

9.4 PROVIDERS OF TRAIN CREWS

List third parties who may provide train crews.

9.5 ROLLING STOCK OPERATIONS

List any third parties who will be undertaking the commissioning, maintenance, repair, modification, decommissioning, operation, movement or causing the operation or movement by any means, of rolling stock on behalf of the applicant and the manner in which the parties are engaged.

10. FINANCIAL CAPACITY/PUBLIC RISK INSURANCE

Third Party Property Insurance:

Insurer:

Policy Value: Excess: Policy number:

Public Liability Insurance:

Insurer:

Policy Value: Excess: Policy number:-

Are copies of insurance policies attached? Yes No

Are copies of the company's audited accounts for the past 3 years attached? Yes No

11. EVIDENCE OF CONSULTATION IN THE PREPARATION OF THE SAFETY MANAGEMENT SYSTEM

Provide supporting information below or provide attachments.

12. SAFETY MANAGEMENT PLAN

Attach copies of and provide references to the Safety Management Plan documents.

12.1 SAFEWORKING SYSTEMS

Describe the safeworking systems to be used by the applicant.

12.2 HEALTH AND FITNESS REQUIREMENTS

Attach copies of and provide references for the following:

Drug and Alcohol Program

Fatigue Management Program

13. KEY CONTACTS (if different from key application contact provided in Part 3)

Name of accreditation key contact representative:

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Position/ title:

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Telephone no:

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Facsimile no:

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Email:

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Name of safety management system key contact representative:

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Position/ title:

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Telephone no:

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Facsimile no:

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Email:

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14. SAFETY PERFORMANCE REPORTING

Section 62 of the Rail Safety Act requires submission of a safety performance report within six months of the end of the reporting period. The reporting period is by default a calendar year or such other period agreed between the Regulator and rail transport operator.

Do you wish to make an agreement with the Regulator in relation to the reporting period for annual safety performance reports?

Yes

No

If yes please indicate the preferred date for the safety performance report:

(for example 1 July to 30 June).

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and the preferred 12 month reporting period - From:

	/		/	
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To:

	/		/	
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Reason for seeking the above reporting period.

15. APPLICATION DECLARATION

All supporting documentation required by the above sections of this application form have been submitted with the application:

Yes No (provide comment)

The fee for an Application for Accreditation as prescribed under Section 1 of Schedule 2 -"Prescribed Fees" of the Rail Safety Regulations is provided with this application:

Yes No

16 APPLICANT DECLARATIONS

Please read the following declarations carefully before signing.

These are personal declarations and undertakings by each signatory to this application. Where the applicant is a company, by making this declaration the nominated directors and managers of the company are assuming the company's compliance with these declarations and undertakings.

Declaring falsely, or failing to fulfil any undertakings you give as part of these declarations, may result in accreditation being suspended or cancelled, or other legal action as prescribed in the relevant rail safety legislation.

I declare that:

- All information provided in relation to this application is complete and correct, and
- I do not fall within the categories of persons defined by Part 2D.6 of the Corporations Act 2001 relating to disqualifications from managing corporations.

Name:

Signature:

Date:

Name:

Signature:

Date:

This additional sheet may be provided to applications where additional persons are required to sign the application.

Name of applicant organisation:

The signatories below make the
Declarations as stated on the
application lodged by the above date:

Name of signatory:

Role/position:

Signature:

Date:

Name of applicant organisation:

The signatories below make the
Declarations as stated on the
application lodged by the above date:

Name of signatory:

Role/position:

Signature:

Date:

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Name of signatory:

Role/position:

Signature:

Date:

Office use only

18 APPROVALS (Office use only)

Comments:

Details of consultation with other regulators:

Recommended for approval?

Yes

No

Position/s:

Signature/s:

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Date:

/ /

/ /

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Form No. XXXXXX Rev.YYYY
Date of Issue: dd/mm/yyyy