



Renewal Photocard Application

Traffic Controller/Implement Traffic Control Plans

This form is to apply for a renewal of a **current** (or recently expired within 3 months) Traffic Control or Implement Traffic Control Plans Photo Card & must be signed by the Applicant and Employer.

1. Applicant Details

Title

Family/Surname

Given Name

Middle Name/Other Name

Sex

Male

Female

Date of Birth

Email Address

Contact Number

Residential Address (must be an address not a PO BOX)

Unit Number/Street number/Property Number

Street Name (if applicable)

Suburb

State

Postcode

Postal Address (if different from the above)

Unit Number/Street number/Property Number

PO BOX

Locked Bag

Street Name (if applicable)

Suburb

State

Postcode

2. Which card(s) do you require to be renewed?

(Tick as required)

| | | | | | |
|--------------------------|---------------------------------|-------------|----------------------|-------------|------------|
| <input type="checkbox"/> | Traffic Controller | Card number | <input type="text"/> | Expiry date | __/__/____ |
| <input type="checkbox"/> | Implement Traffic Control Plans | Card number | <input type="text"/> | Expiry date | __/__/____ |

You are required to provide your current (or recently expired within 3 months) photocard.

3. Details of industry currency

Traffic Controller: In this section you are required to provide details on at least six (6) x traffic controller occurrences in the table below that has occurred within the past 12 months. Please also sign the declaration (part 4) and ensure that your employer signs the employer declaration (part 5)

| Date of occurrence | Location | Name of PCBU (Employer) | Project Description |
|--------------------|----------|-------------------------|---------------------|
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Implement Traffic Control Plans: In this section you are required to provide details on at least six (6) x implement traffic control plans occurrences in the table below that has occurred within the past 12 months. The plans must have been implemented, monitored and traffic control devices closed down by the applicant. Please also sign the declaration (part 4) and ensure that your employer signs the employer declaration (part 5)

| Date of occurrence | Location | Name of PCBU (Employer) | Project Description |
|--------------------|----------|-------------------------|---------------------|
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| | | | |
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NOTE: If you are unable to provide adequate detail above of your traffic control experience, you will be required to complete refresher training for each course with an approved training provider.

4. Applicant Declaration

NOTE: False statements can result in substantial penalties.

By signing this form, I the applicant recorded in section 1 of this form, declare that:

- To the best of my knowledge, the information contained in this application is true and correct in every particular.
- I have presented my current (or recently expired within 3 months) traffic control photocard.
- I have maintained competency to carry out the traffic control duties I am qualified for, as per section 3 of this application.
- I am aware that under 307A of the Crimes Act 1900 it is an offence to provide false, misleading or deficient information in or in connection with this application and that penalties may apply.
- To the best of my knowledge, I do not have any illness or incapacity that affects my ability to do the work for the qualification which is the subject of this application.
- If after obtaining my photo card, I develop any illness or incapacity which may affect my ability to do the work for any qualification I hold, I will cease to do the work and will advise Roads and Maritime Services Traffic Control Unit, immediately.
- I am aware that the information and evidence provided in this application may be checked for authenticity and validity. This may include (but is not limited to):
 - Contacting me regarding any matter relating to this application, including validating my competency to carry out traffic controller and/or implement traffic control plans work.
 - Contacting the person with the management and control (PCBU) as recorded in section 5 of this application

If you understand and agree to the Privacy Statement and Declaration, please sign and date below.

Applicant's signature

Date

Witness

Date

Note: The person completing section 5 of this form must witness the applicant's signature.

5. Employer Declaration

This declaration must be completed by a person with management or control of a workplace (PCBU) where traffic control work is carried out and where the applicant in section 1 is currently/or was previously, a worker.

I

(Name of PCBU – Supervisor/Employer)

as the PCBU of a workplace where traffic control work is carried out and where the applicant is/was a worker, declare that

(Name of applicant)

has delivered traffic controller and/or implement traffic control plans work as detailed in section 3 of this form, for

(Name of PCBU - Employer)

By signing this form, I declare that:

- To the best of my knowledge, the information contained in this application is true and correct in every particular.
- I have witnessed the applicant signing the above declaration in section 4.
- I have witnessed the applicant conducting traffic controller and/or implement traffic control plans work at the work site(s) named on this form.
- I am aware that under 307A the Crimes Act 1900 *it is an offence to provide false, misleading or deficient information in this application.*
- I am aware that Roads and Maritime Services or their approved training provider, may use the information provided in this form for the purposes of:
 - (i) validating that the details supplied in this application are correct
 - (ii) verifying the applicant's competency to carry out the work for traffic controller and/or implement traffic control plans
- I consent to Roads and Maritime Services or their approved training provider, contacting me for purposes including:
 - (i) validating that the details I have provided in this form are correct
 - (ii) verifying that I have witnessed the applicant performing traffic controller and/or implement traffic control plans work in a competent manner

(Note: If the applicant is self-employed, then the applicant will be required to provide a separate statutory declaration supporting status, including ABN number)

Signature (Supervisor)

Date

Full name of person with management or control of a workplace where the traffic control work was conducted

Name of PCBU (Employer)

Address of PCBU (Employer)

Contact details

Phone

Email

6. Lodging this form

- You must lodge this form in its entirety in person at an RMS Approved Training Provider.
- Provide your current (or recently expired within 3 months) photocards
- The approved training provider will obtain a current photograph.
- A fee is payable to the approved training provider.

NOTE: Service NSW is not equipped to process these applications.

7. ATP Checklist (administration only)

| | | |
|---|--------------------|--------------------------|
| Application form (this form) completed | Checked & Verified | <input type="checkbox"/> |
| Current (recently expired within 3 months) photocards presented | Checked & Verified | <input type="checkbox"/> |
| Applicant signed declaration | Checked & Verified | <input type="checkbox"/> |
| Employer signed declaration | Checked & Verified | <input type="checkbox"/> |
| Table of industry currency is completed | Checked & Verified | <input type="checkbox"/> |
| ATP obtained a current photograph | Yes / No | <input type="checkbox"/> |
| SOC(s) issued | Yes / No | <input type="checkbox"/> |
| Details uploaded into gateway | Yes / No | <input type="checkbox"/> |
| Please tick if an RMS employee | Yes / No | <input type="checkbox"/> |

Administration only

General comments

Trainer/Assessor comments

ATP representative Name: _____

ATP representative signature: _____

ATP Number: _____

Date ____/____/____