|  |
| --- |
| **GENERAL INSTRUCTIONS:**  Applicants that are prequalified under the National Prequalification System with another Participating Authority and are seeking recognition with the Department for Infrastructure and Transport (DIT) must complete this Registration Form.  Mutual recognition only applies to contractors with “Full” prequalification.  Please note in accordance with Clauses 1.4 and 3.3 of the NPS for Civil Construction Requirements, Contractors with a “Conditional” prequalification are generally ineligible for automatic mutual recognition. However, at its sole discretion, DIT may elect to recognise the “Conditional” prequalification status of a Contractor. DIT may undertake its own investigation of a company seeking mutual recognition and may request further information from the contractor or from the original Assessing Agency before granting mutual recognition.  This form contains form fields to enable it to be completed electronically. Submissions must be emailed to [**DIT.Prequal@sa.gov.au**](mailto:DPTI.Prequal@sa.gov.au)  **IMPORTANT:** Applicants must nominate an authorised person as a single point of contact on the application for the business seeking to become prequalified. The authorised person must be capable of acting on behalf of the business to provide all information required for the application including financial information. The Department will not liaise with anyone who is not authorised to act for the Applicant. |

* 1. General Information

Applicants must provide the following general information:

* 1. Name of the company or entity under which this registration is being made and under which tenders will be submitted (hereinafter referred to as the Applicant)

|  |
| --- |
|  |

* 1. Trading name (if different)

|  |
| --- |
|  |

* 1. State the type of entity e.g. public or private company, individual, joint venture etc.

|  |
| --- |
|  |

* 1. State of registration of company (if applicable)

|  |
| --- |
|  |

* 1. ABN

|  |
| --- |
|  |

* 1. ACN or ARBN

|  |
| --- |
|  |

* 1. Address of Registered Head Office

|  |
| --- |
|  |

* 1. Postal Address

|  |
| --- |
|  |

* 1. South Australia Business Address

|  |
| --- |
|  |

* 1. Website Address

|  |
| --- |
|  |

* 1. Contact person for general enquiries (full name, position, and email address)

|  |
| --- |
|  |

* 1. Prequalification Categories and Financial Levels

Applicants for mutual recognition must attach a copy of the following:-

* **Registration letter,**
* **Registration certificate,**
* **Certificate of Management Systems – OH&S ISO 45001, QMS ISO 9001 and   
  EMS ISO 14001,**
* **Registration of Return to Work SA (if available) and;**
* **Certificate of Federal Safety Commission (FSC) accreditation (if applicable).**

provided by the assessing authority that lists the prequalification categories registered in and whether any restrictions or conditions apply to the prequalification.

|  |  |  |
| --- | --- | --- |
|  | Prequalification letter and certificate attached (please tick to confirm) | |
|  | Management Systems certificate/s attached (please tick to confirm) | |
|  | Registration of Return to Work SA attached (please tick to confirm) | |
|  | Certificate of Federal Safety Commission (FSC) attached (please tick to confirm). | |
|  | |  | |

* 1. Contact Details for Tendering Matters

DIT usually publishes Request for Tender (RfT) documentation on internet sites.

Please provide contact details for any matters associated with the calling of tenders.

These contact details will be published on the following internet site: <https://www.dit.sa.gov.au/contractor_documents/prequalification>

***It is the Applicant’s responsibility to ensure that the above information is up to date.***

* 1. South Australian Contractors Building Licence Details must have either of the following:

“CIVIL CONSTRUCTION” which covers all civil work without restriction.

**OR**

“ANY BUILDING WORK” which covers all building and civil without restriction.

|  |  |  |
| --- | --- | --- |
| **BLD No.** | **Expiry Date** | **Conditions or Restrictions** |

* 1. Address

|  |
| --- |
|  |

* 1. Telephone number

|  |
| --- |
|  |

* 1. Email address

|  |
| --- |
|  |

* 1. Contact person (full name, position, and email address)

|  |
| --- |
|  |