



**CONTRACTORS REGISTRATION
PERIOD 4-12 MONTHS**

Period Access Required: From: (Date) _____
To: (Date) _____

Contractor Trade Name: _____

Name of Director/Owner: _____ Cell No: _____

Business Address: _____ Business Telephone Number: _____

Name of Person Supervision of Contract Workers _____ Cell No: _____

Name of Home Owner: _____ Cell No: _____

Stand No: _____

Vehicles that requires Access:

Reg No of Vehicle:	Make:	Drivers Name

*** Copies of Drivers-licenses required before access will be granted.

Will you make use of?

* PERMANENT STAFF		** SCAB/CASUAL LABOUR	
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***Other: (Describe) _____

- *If you are making use of Permanent Staff attach certified copies of front Page of I.D Book, Copies must be clear readable and photos recognizable. ** If you are making use of Scab/Casual Labour original I.D Book or driver's license must be submitted to security on daily basis before entry will be granted. **No I.D Book – No Entry!**

I, _____ (Name of Person) hereby agree to the terms and conditions and builders code of conduct stipulated on the reverse hereof and hereby declare that I am authorized to do so on behalf of the aforementioned Company/ Owner of the business.

Signature: _____ Date: _____

WHOA Use Only

Application for Access granted: _____ (Stamped: Management office)

Accreditation Card Fee Paid _____

Remarks: _____

NOTE: AFTER 3 WRITTEN COMPLAINTS YOUR ACCREDITATION WILL BE CANCELLED