Annual Licence Application Form

Orga	anisation:				
Principle Contact:		Title:			
Add	ress:				
Post	al Address:				
Tele	phone:		Email:		
Whe	ere do you want the invoices emailed to:				
Web	osite:				
Nam	nes of Licensed Contractors:				
1.		7.			
2.		8.			
3.		9.			
4.		10.			
lave	you supplied copies of:				
√	Certifications				
	Public Liability Insurance Certificate: \$20mil		Notice of Satisfactory Shifting Equipment	Assessment	of Load
	WorkCover Certificate		Company WHS Policy		
	White Card issued by a Registered Training Organisation		Company Job Safety Ana	alysis Sheet	
	Paymo	ent De	etails		
Fee	S: Full Year: July - June: \$1,200.00				
Orga	anisation:				
Contact Name:		Telephone:			
Payr	ment Made By: EFT Paid	d to BS	B: 015-225 Account No	o: 417712767	•
Acco	ount Name: Cemeteries and Cr	remato	ria Association of South	Australia	
Remittance Description:			or Cheque	enclosed	
Please	e return to: info@cemeteriessa.com.au				
or by	mail: mental Masons Accounts				
,1011U	mentai Masons Accounts				

Date: 1 February 2019

Cemeteries and Crematorium Association of South Australia

760 Goodwood Road, Pasadena SA 5042