

**Company Details**

Company Name: \_\_\_\_\_

Is Business a Sole Trader:    Yes                          No   

ACN/ABN: \_\_\_\_\_

**Note:**  
*All business-related certificates (e.g.: insurances and ISO/CCF certifications) lodged in this system need to indicate this ABN and its registered address.*

Trading Name: \_\_\_\_\_

*(Please enter the name under which the organisation generally trades e.g. Company Name, Trading Name or other entity name. If this is the same name as shown above, please re-enter this name).*

**Note:**  
*Trading Name will be used to identify the business in accreditation lists published on Water Agency web sites or directory of accredited providers.*

Postal Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Website (if applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Persons Email: \_\_\_\_\_

**Business Structure**

Business Entity Type: \_\_\_\_\_ ACN/ABN: \_\_\_\_\_

Directors (please list all): \_\_\_\_\_

**Has any Director or Company Secretary, during the past 5 years:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Been the subject of any bankruptcy actions;   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Received any creditors statutory demands;   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Been convicted of any offence against a law of the Commonwealth or of a State or Territory; or                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Been involved in the management of a business that has suffered an Insolvency event (as defined in the Accreditation Deed); | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Is the Company accustomed to act in accordance with the instructions or wishes of any person or entity other than the Director's listed above (i.e. does the Company have what is referred to as a 'silent director' or 'shadow director')?      Yes                       No

Does the Company have a Company Secretary appointed under the Corporations Act?      Yes                       No

How many Significant Shareholders does the Company have that hold 20% or more of the company's voting rights?      Yes                       No

**Please provide the names of all Significant Shareholders:**  
 \_\_\_\_\_  
 \_\_\_\_\_

Do all Significant Shareholders have the attributes of good character, diligence, honesty and judgement?      Yes                       No

**Has any Significant Shareholder, during the past 5 years:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Been the subject of any bankruptcy actions;   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Received any creditors statutory demands;   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Been convicted of an offence against a law of the Commonwealth or of a State or Territory;                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Been involved in the management of a business that has suffered an Insolvency Event (as defined in the Accreditation Deed); | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

*Attach a copy of the Company organisational structure showing reporting lines and names of people in key positions, etc.*

**Financial Capacity**

Is the Applicant solvent (it is able to meet its debts as and when they fall due in the normal course of business) and does it have the financial capacity to perform the Services or perform the Works in the categories for which it is applying for Accreditation? Yes  No

Does the Applicant agree to provide Unitywater with financial information in order to demonstrate financial capacity if requested by Unitywater? Yes  No

Are there any proceedings (including any insolvency proceedings), either actual or threatened, against:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. The Applicant;   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. The Applicant's parent entity or associated entities; or                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Any director, secretary, significant shareholder, owner or controller of the Applicant; and or | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Have there been any such proceedings within the past 5 years?                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Are there any de-registration actions against the Applicant, its parent entity or associated entities, or have there been any within the past 5 years? Yes  No

Is the Applicant, its parent entity or associated entities currently in default of any agreement, contract, order or award that would be likely to adversely affect the financial capacity of the Applicant? Yes  No

**Public Liability Insurance**

Does the Company/Sole Trader have Public Liability Insurance which includes the following on the certificate of currency: Yes  No

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. The ACN/ABN of the business seeking accreditation in this application;                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. The address of the business seeking accreditation (as stated in this application);                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Has a minimum of \$20M per claim in the aggregate;   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Specifies coverage for civil engineering (consultants) or engineering activities (contractor); and | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. No exclusions relevant to the work being applied for.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Expiry date of company's Public Liability Insurance: .....

*Please attach (upload) copy of the Certificate of Currency for the company's Public Liability Insurance and a copy of the policy terms and conditions.*

**Note:** Applicant must note that following assessment and approval of this application and prior to Unitywater issuing the Accreditation Deed, the Accredited Entity must amend their Public Liability Insurance policy as follows:

**Endorsement for Liability Certificates (Public Liability Insurance)**

*This policy must note the Northern SEQ Distributor Authority, trading as Unitywater, as an interested party under this insurance for the purpose of the Unitywater Accreditation and Certification System.*

**Professional Indemnity Insurance**

Does the Company/Sole Trader have Professional Indemnity Insurance which includes the following on the certificate of currency:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. The ABN of the business seeking accreditation in this application;                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. The address of the business seeking accreditation (as stated in this application); | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Has a minimum of \$5M per claim in the aggregate;                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Specifies coverage for civil engineering (consultants) activities; and             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. No exclusions relevant to the work being applied for.                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Expiry date of company's Public Liability Insurance: .....

*Please attach (upload) copy of the Certificate of Currency for the company's Professional Indemnity Insurance and a copy of the policy terms and conditions.*

**Note:** Applicant must note that following assessment and approval of this application and prior to Unitywater issuing the Accreditation Deed, the Accredited Entity must amend their Professional Indemnity Insurance policy as follows:

**Endorsement for Professional Indemnity Certificates (Professional Indemnity Insurance):**

*This policy must state that the policy 'covers the activities of an Accredited Entity and associated Registered Certifiers under Unitywater's Accreditation and Certification System'*

**Worker's Compensation**

Does the Company/Sole Trader have Work Cover as required by the Work Health and Safety Act 2011 Yes  No

Expiry date of company's Work Cover: .....

*Please attach (upload) copy of the Certificate of Currency for the company's Work Cover and a copy of the policy terms and conditions.*

**Quality Management System**

Does the Applicant have an ISO9001 Quality Management System that has been certified by an accredited JAS-ANZ certifying body? Yes  No

If YES: Date of expiry of the certification of ISO9001 Quality Management System. ....

*Please attach (upload) copy of the certified Quality Management System.*

**Environmental Management and Occupational Health and Safety Management System**

Environmental Management and Occupational Health and Safety Management Systems are NOT compulsory requirements, however are preferred systems under Unitywater's Accreditation and Certification System.

*If your company has the above system/s, please provide certificate of currency of the system/s*

**Specialist Criteria Accredited Entity – Consulting Engineering Services**

*(Applicants applying for Accredited Entity – Consulting Engineering Services must provide the following details)*

**Experience:**

Has the Company/Sole Trader provided consulting services associated with land development within Unitywater service area? Yes  No

Please provide details:  
 .....  
 .....  
 .....

Has the Company/Sole Trader provided consulting services to multi-staged land development within Unitywater service area? Yes  No

Please provide details:  
 .....  
 .....

**Referees:** *(Please provide details of Referees in support of your application as follows)*

**Client 1:**

Name of Officer: .....

Position: .....

Phone No: .....

Email Address .....

**Client 2:**

Name of Officer: .....

Position: .....

Phone No: .....

Email Address .....

**Unitywater or  
Participating Council:  
Officer 1:**

Name of Officer: .....

Position: .....

Phone No: .....

Email Address .....

**Referees must be either:**

- (1) *Manager Infrastructure Planning & Development or Development Services Manager; or*
- (2) *Unitywater's Development Services Senior staff members i.e. Team Leaders or Principal Development Engineer / Officers; or*
- (3) *Development Services Managers of Councils within Unitywater's service areas.*

**Unitywater or  
Participating Council:  
Officer 2:**

Name of Officer: .....

Position: .....

Phone No: .....

Email Address .....

**Referees must be either:**

- (1) *Manager Infrastructure Planning & Development or Development Services Manager; or*
- (2) *Unitywater's Development Services Senior staff members i.e. Team Leaders or Principal Development Engineer / Officers; or*
- (3) *Development Services Managers of Councils within Unitywater's service areas.*

**Consulting Engineer**

.....  
*Company Director / Secretary Name:*

.....  
*Company Director / Secretary Name:*

.....  
*Signature:*

.....  
*Signature:*

.....  
*Date:*

.....  
*Date:*