



## Application for Accreditation

The National Administration of Industry and Trade Development (NAITD)  
PO Box 180 High St Cranbourne VIC 3977  
Phone: 03 5996 1686 Fax: 03 5996 1382 Email: admin@naitd.com.au

**OFFICE USE ONLY:** File Number:

### **PLEASE READ CONDITIONS OF APPLICATION FOR ACCREDITATION AND LICENCE AGREEMENT BEFORE PRINTING ANY DETAILS**

#### **Business Details**

NAME OF BUSINESS: \_\_\_\_\_

ABN: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE No: \_\_\_\_\_ FAX No: \_\_\_\_\_

No. OF EMPLOYEES: \_\_\_\_\_ BUSINESS HRS: \_\_\_\_\_

#### **Business Registration**

DATE REGISTERED: \_\_\_\_\_

#### **Contact Person**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

DIRECT PHONE: \_\_\_\_\_ MOBILE No: \_\_\_\_\_

**Additional Information**

If Applicable, Regulatory Bodies (eg. Building Control Commission):

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If Applicable, License Number/s (eg. Electrician, Travel Agent, Estate Agent etc):

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If Applicable provide all licence particulars including expiry dates:

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Business Affiliations, Accreditations or Memberships:

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Guarantee/s and or warranties the business provides:

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Industry Qualifications of Proprietor / Manager:

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Type of Industry (eg. Building / Hospitality / Automotive / Service / Other):

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Main Nature of Business (eg. Plumber/ Mechanic/ Photographer/ Web Designer):

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Provide a copy of current public liability policy and Policy Number:

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## PROPRIETOR / OWNER OF BUSINESS ("APPLICANT"):

Tick the appropriate box and print details.

**Sole Trader**

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE \_\_\_\_\_

AFTER HOURS CONTACT NUMBER: \_\_\_\_\_

**Partnership** (Provide and print full name/s and addresses of each partner)

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE \_\_\_\_\_

**Registered Proprietary Limited Company**

COMPANY NAME: \_\_\_\_\_

REGISTERED BUSINESS ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE \_\_\_\_\_

TRADING NAME: \_\_\_\_\_

**Managing Director**

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE \_\_\_\_\_

**Other Executive Directors**

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE \_\_\_\_\_

## CONDITIONS OF APPLICATION

1. The Applicant applies to NAITD for Accreditation in accordance with and subject to the terms and conditions of this Application and the attached Licence Agreement.
2. The Applicant warrants that all the information provided in, and in support of this Application is true and correct in every particular.
3. The Applicant acknowledges that NAITD has absolute and sole discretion in determining whether to grant accreditation and is under no obligation to do so.
4. The Applicant understands that Accreditation is conditional upon the signing of the Licence agreement.
5. The Applicant will provide NAITD with a copy of a current public liability insurance policy receipted as being paid.
6. The Applicant agrees to provide NAITD with such additional information as NAITD may reasonably require to assess the Applicant's Application for Accreditation.
7. The Applicant acknowledges that it has obtained and will continue to maintain all licences, permits and authorities required to conduct its business legally.
8. The Applicant shall pay NAITD a non - refundable processing fee of \$480.00 on the signing of this Application and understands that, unless exempt this fee is subject to GST.
9. The Applicant understands that, should Accreditation be granted an administration fee and a collective marketing fee also applies.
10. The Applicant understands, that all marketing and or promotional material supplied or provided by NAITD will remain the sole property of NAITD
11. The Applicant understands that all marketing material (signs, certificates, brochures, stickers and swing tags etc) will be made available at cost, and that a ten percent 10% handling fee applies.
12. The Applicant understands that, should Accreditation be granted, a Licence number will be assigned to the Licensee and used as directed by NAITD
13. The Applicant consents to the publication by or on behalf of NAITD of some or all of such information for the purpose of accreditation, recommending, referring, advertising, and /or promoting or marketing of the Licensees business.
14. The Applicant will provide NAITD with the names, addresses and phone numbers of at least three independent character referees that have known the Applicant for more than five years.
15. The Applicant will provide NAITD with the names, addresses and phone numbers of at least three business references.
16. The Applicant will allow NAITD reasonable access to at least fifteen (15) customer files and / or records compiled within the last eighteen (18) months to fairly and impartially appraise a random, unbiased and confidential selection of the Applicant's clientele.
17. The Applicant will provide a police check that is no more than three months old or consents to NAITD processing a Police Authority to access information on the applicants behalf.
18. The Applicant consents to NAITD seeking access to information and / or records through any government agencies or authorities.
19. The Applicant understands that, where the Applicant comprises of more than one person, (partner/s proprietor/s and /or directors) their obligations hereunder shall be joint and several.

## BUILDING BUSINESS PROFILE

1. Has the Applicant (proprietor/s or director/s) been convicted of any criminal offence in the last ten years? .....  YES  NO
2. Has the Applicant been the subject of any legal proceedings, claims or actions by:
- i. Australian Securities and Investment Commission.....  YES  NO
  - ii. Any government Consumer Affairs or Fair Trading Authority.....  YES  NO
  - iii. National Crime Authority .....  YES  NO
  - iv. Federal or State Police .....  YES  NO
  - v. Customs Department .....  YES  NO
  - vi. Any Industry Board or Body .....  YES  NO
  - vii. Australian Consumer Competition Commission .....  YES  NO
  - viii. Victorian Civil and Administrative Tribunal.....  YES  NO
  - ix. Insolvency and Trustees Services Australia .....  YES  NO
  - x. Customers in relation to product liability and / or negligent advice .....  YES  NO
3. Has any or pending legal action or claims ever been made against the Applicant in relation to poor service, workmanship, product quality, product liability and / or negligence and / or misleading or negligent advice?.....  YES  NO
4. If the answer is **YES** to any of the questions above provide details below.

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.....  
.....

## REFEREES AND REFERENCES

### Character Referees:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE \_\_\_\_\_

PHONE No: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE \_\_\_\_\_

PHONE No: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE \_\_\_\_\_

PHONE No: \_\_\_\_\_

**Business Suppliers References:**

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE No: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE No: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE No: \_\_\_\_\_

**DECLARATION**

Signed for and on behalf of the Applicant by:

SIGNATURE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
(PLEASE PRINT)

DATED: \_\_\_\_\_

Witnessed for and behalf of NAITD by

SIGNATURE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
(PLEASE PRINT)

**Only Senior NAITD Administrators can approve this application.**

## CONFIDENTIAL: RANDOM CLIENT SELECTION

For Office Use Only: This information is NOT to be shown to the applicant

FULL NAME: \_\_\_\_\_ FULL NAME: \_\_\_\_\_  
HOME PHONE No: \_\_\_\_\_ HOME PHONE No: \_\_\_\_\_  
OTHER CONTACT No's: \_\_\_\_\_ OTHER CONTACT No's: \_\_\_\_\_  
SERVICE DATE: \_\_\_\_\_ SERVICE DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ FULL NAME: \_\_\_\_\_  
HOME PHONE No: \_\_\_\_\_ HOME PHONE No: \_\_\_\_\_  
OTHER CONTACT No's: \_\_\_\_\_ OTHER CONTACT No's: \_\_\_\_\_  
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