RECORD OF SUBCONTRACTOR LICENCES AND ACCREDITATIONS

To be completed as subcontractors are onboarded

Purpose

This record is used to capture, verify and monitor all regulatory licences, accreditations, insurance documents, and operational documentation required of each subcontractor engaged by Sydney Street Projects. Completion of this form is mandatory prior to the commencement of any subcontracted works.

1 SUBCONTRACTOR DETAILS

Subcontractor Name	
Trading Name (if different)	
ABN / ACN	
Business Address	
Primary Contact Person	
Contact Phone	
Contact Email	

2 SERVICE CATEGORY

Tick all categories that apply to this subcontractor's scope of works:

☐	Refrigerant Recovery
☐	Scrap Metal Processing
☐	E-Waste Dismantling
☐	Dangerous Goods Transport
☐	Chemical Disposal
☐	Gas Cylinder Testing and Decommissioning
☐	Battery Recycling
☐	Radiological Waste Handling
☐	Other (specify below)

Other — Specify:

3 LICENCES AND ACCREDITATIONS

Record all applicable licence numbers and expiry dates. Attach certified copies to this record.

3.1 Regulatory Licences

Licence / Accreditation	Licence Number / Reference	Expiry Date
ARCtick Refrigerant Handling Licence		
Refrigerant Trading Authorisation (RTA)		
EPA Waste Transport Licence		
Dangerous Goods Driver Licence		
Dangerous Goods Vehicle Licence		
Gas Cylinder Test Station Accreditation		
Radiation Handling / Disposal Authorisation		

3.2 Industry Accreditations and Compliance

Licence / Accreditation	Licence Number / Reference	Expiry Date
NTCRS Approved Recycler		
B-cycle Accredited Collector / Processor		
AS/NZS 5377 Compliance Evidence		
Other Relevant Licence or Accreditation		
Notes:		

4 INSURANCE VERIFICATION

Attach current certificates of currency. All insurances must remain valid for the duration of engagement.

Insurance Type	Provider	Coverage	Expiry Date
Public Liability Insurance			
Workers Compensation Insurance			
Professional Indemnity Insurance			
Motor Vehicle / DG Transport Insurance			
Notes:			

5 OPERATIONAL DOCUMENTATION RECEIVED

Tick all documents that have been received and verified from the subcontractor.

☐	WHS Policies
☐	Safe Work Method Statements (SWMS)
☐	Emergency Response Procedures
☐	Incident Reporting Procedures
☐	Chain of Custody Template
☐	Environmental Management Procedures
☐	Other (specify below)

Other — Specify:

Notes:

6 COMPLIANCE REVIEW

Initial Verification Completed (Date)	
Verified By (Name)	
Next Scheduled Review (Date)	

Notes from Last Review

Conditions of Engagement

Record any limitations, special requirements, or SSP-specific instructions applicable to this subcontractor.

7 AUTHORISATION

By signing below, the authorised SSP representative confirms that all information recorded in this document has been reviewed and verified.

Field	Detail
Authorised By (SSP Representative)	
Position / Title	
Date	
Signature	

Document Control

Document Reference: SSP-SPOC-001-1 | Version: 1.0 | Approved by: Sydney Street Projects Management

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