

Listed Provider –New / additional capability application



This application form must be completed by existing water and/or sewerage infrastructure Listed Providers (excluding Field Testers and Service Protection Reporter) to request a new or additional capability. Please email this form and all relevant documentation to:

providerservices@sydneywater.com.au

Provider details	
Company name:	
ABN:	
Contact person	
Email address	
Telephone number	
Mobile number	
Postal address	

Change request

Add new key person <input type="checkbox"/>	
Key person name	
Add new or additional capabilities <input type="checkbox"/>	
<input type="checkbox"/> Constructor (Major)	<input type="checkbox"/> Driller
<input type="checkbox"/> Constructor (Minor)	
<input type="checkbox"/> Water Reticulation DN 100-375 W1	<input type="checkbox"/> Sewer Reticulation DN 150-300 S1
<input type="checkbox"/> Water Supply DN >375- 750 W2	<input type="checkbox"/> Sewer Standard DN 375-750 S2
<input type="checkbox"/> Steel Pipelines (W3) DN >750- 1200 W3	<input type="checkbox"/> Dual Water Reticulation DN 63-375 RW
<input type="checkbox"/> Pressure Sewer Systems LP	<input type="checkbox"/> PE pipe systems PE
<input type="checkbox"/> Driller (licenced plumber with contractor or supervisor licence) D1	<input type="checkbox"/> Driller (Licenced plumber with tradesman certificate. Supervised by a D1 licenced plumber) D2
<input type="checkbox"/> Minor Works (sewer) MS	<input type="checkbox"/> Other (specify)

Please indicate your company's current capabilities (tick all that apply)

W1	<input type="checkbox"/>	W2	<input type="checkbox"/>	W3	<input type="checkbox"/>	S1	<input type="checkbox"/>	S2	<input type="checkbox"/>	RW	<input type="checkbox"/>
LP	<input type="checkbox"/>	PE	<input type="checkbox"/>	MS	<input type="checkbox"/>	D1	<input type="checkbox"/>	D2	<input type="checkbox"/>	AC	<input type="checkbox"/>

As a listed provider, it is your responsibility to make sure that your company has key personnel who meet the mandatory criteria for the scope of work being undertaken. You must provide us with copies of all nominated key personnel training records (refer to [Provider Training requirements](#)), and evidence of any additional requirements in the list below:

Constructor to confirm	Checklist	Office use
<input type="checkbox"/>	SafeWork NSW code of Practice and Industry standard confined space certification (Enter and Work in Confined Space)	<input type="checkbox"/>
<input type="checkbox"/>	Awareness of, and ability to apply, Sydney Water's Code of Business Ethics for Listed Providers (particularly not offering Sydney Water employees money, gifts or benefits)	<input type="checkbox"/>
<input type="checkbox"/>	Understanding of, and ability to comply with, Sydney Water's Listed Provider Scheme Management Policy	<input type="checkbox"/>
<input type="checkbox"/>	Demonstrated ability to work from design briefs and preparation of Work as Constructed (WAC)	<input type="checkbox"/>
<input type="checkbox"/>	Understand and be able to apply the Water Supply Code of Australia (Sydney Water Edition) and Sewerage Code of Australia (Sydney Water Edition)	<input type="checkbox"/>
<input type="checkbox"/>	Read and have met the Provider training requirements	<input type="checkbox"/>
<input type="checkbox"/>	Previous experience in construction or supervision of construction. (Please provide supporting documentation including case no's, pipe type, size, and complexity of the works. Describe your role in the projects).	<input type="checkbox"/>
<input type="checkbox"/>	Demonstrated ability to read and interpret construction plans (industry experience)	<input type="checkbox"/>
<input type="checkbox"/>	Demonstrated ability to prepare and verify work as constructed (industry experience) (only applicable to Constructor (Minor Works))	<input type="checkbox"/>
<input type="checkbox"/>	Understanding of, and ability to apply, Sydney Water instructions, standards, technical specifications and the Asset Creation (Developer) Process.	<input type="checkbox"/>

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I have complied with all aspects of this application and attached the relevant information required. *I understand that if I do not comply with the above criteria Sydney Water may take action against me in line with the [Listed Provider Scheme Management Policy](#).*

Signed Date/...../.....
(Authorised representative)

Name (please print):

Role.....

Key Person signed (Applicable if adding new key person)

.....Date/...../.....

Name (please print)

Please email this form and all relevant documentation to: providerservices@sydneywater.com.au

Related Documents

Parent document number	Parent document title
3000866	Listed Provider Scheme Management Policy
3002283	Code of Business Ethics for Listed Providers
ACDP0203	Instructions to constructors - major works
2908308	Instructions to constructors – minor works (wastewater)
ACDP0211	Instructions and technical requirements for drillers
2908310	Instructions to under pressure cut-in connection (UPCIC) providers