



**APPLICATION FOR A NEW /ADDITIONAL CAPABILITY AS A WATER AND/OR SEWERAGE INFRASTRUCTURE PROVIDER**

**Company:**

Company Name: .....ABN/ACN.....

Contact Person: .....

Email Address: .....

Postal Address: .....

..... Post Code .....

Telephone No .....Facsimile No ..... Mobile Telephone No .....

**PLEASE TICK REQUIRED FIELD**

**Existing Provider- Additional capabilities**

Name of Company: _____					
<b>REQUESTED CAPABILITIES APPLIED FOR:</b> (Please tick) ✓					
WSC (Project Manager)	<input type="checkbox"/>	Key Person Name: .....			
WSC EA / EP	<input type="checkbox"/>	Key Person Name: .....			
Designer	<input type="checkbox"/>				
Constructor	<input type="checkbox"/>				
Driller	<input type="checkbox"/>				
Company Upgrade	<input type="checkbox"/>				
<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"/>	Dual Water Reticulation	DN 63-375 RW	<input type="checkbox"/>	Steel Pipelines	DN >750-1200 W3
<input type="checkbox"/>	Pressure Sewer Systems	LP	<input type="checkbox"/>	Level 1 Access	EA
<input type="checkbox"/>	Level 1 Policy	EP	<input type="checkbox"/>	Other	

**For existing Company please indicate current capabilities. (Please tick) ✓**

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"/>	MW <input type="checkbox"/>
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**Warning - Document current at time of printing or downloading.**

**You must provide evidence to support your application and must include the following as a minimum:**

**(Please tick each box when evidence attached):**

	Office Use
<input type="checkbox"/> Industry standard confined space certification Minimum management overview (evidence of currency required)	<input type="checkbox"/>
<input type="checkbox"/> Awareness of Sydney Water's business ethics	<input type="checkbox"/>
<input type="checkbox"/> Demonstrated ability to work from design briefs and preparation of Work as Constructed	<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"/> Sewer and/or Water design experience for the categories applied for (eg: min 3)	<input type="checkbox"/>
<input type="checkbox"/> Previous experience in design, construction or supervision of construction. (Please provide Case No's, pipe type, size, and complexity of the works. Describe affiliation with 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 design briefs and verification of work as constructed (industry experience)	<input type="checkbox"/>
<input type="checkbox"/> Understanding of, and ability to apply, Sydney Water standards and the Asset Creation (Developer) Process	<input type="checkbox"/>

I have complied with all aspects of this application and attached the relevant information required.

Signed: ..... Date ...../...../.....

Title (please print) .....

WSC Key Person signed: ..... Date ...../...../.....

Title (please print) .....

**Please Note: Upon completion please email this form and all relevant documentation to: [providerservices@sydneywater.com.au](mailto:providerservices@sydneywater.com.au)**