

APPLICATION FOR TRAFFIC MANAGEMENT PLAN ENDORSEMENT

APPLICANT DETAILS		
Contact Person Name:		
Company Name:		
Company Address:		
Phone:	Mobile:	Fax:
Email:		
<p>I hereby certify that this application contains a true and accurate description of the proposed works. All works will be carried out in strict accordance with the information contained in this application, legislative and statutory requirements and to any other specifications imposed by the City of Karratha.</p>		
Signature:		Date:

DETAILS OF PROPOSED WORKS / EVENT:		
Street Name(s):		
Location of proposed works / Event:		
Description of proposed works / Event:		
Lane / Road closure required (If yes, please complete advertising dates):		
Yes <input type="checkbox"/> (\$183.50)	No <input type="checkbox"/> (\$56.00)	
Proposed advertising dates:	Start:	End:
Proposed work dates:		
Total Duration (days/weeks):		
Traffic management plan and diagram attached:	Yes <input type="checkbox"/>	
Permit to Work In or Use a City reserve attached:	Yes <input type="checkbox"/>	
Advanced worksite traffic management (AWTM) accreditation number:		

QUALITY CONTROL CERTIFICATION
<p>Confirmation that Traffic Management Plan has been reviewed and checked by a third party accredited worksite traffic management (WTM or AWTM) person prior to lodgement with the City for endorsement.</p>
Name:
Company Name:
Traffic management accreditation number:

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OFFICE USE ONLY


Payment Amount: \$

Payment Received: Yes ☐ No ☐


Advertising Requirement fulfilled: Yes ☐ No ☐ Record ICS#

Once this application has been completed, please return it to the City via any of the below methods:

 Email Scan and email to
enquiries@karratha.wa.gov.au

 Mail City of Karratha
PO Box 219
KARRATHA WA 6714

 Fax Fax to
08 9185 1626

 In person Visit the Administration Office at
Welcome Road
KARRATHA WA 6714