



Technical Services

APPLICATION FOR TRAFFIC MANAGEMENT PLAN ENDORSEMENT

APPLICANT DETAILS

Contact Person Name:

Company Name:

Company Address:

Phone:

Mobile:

Fax:

Email:

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.

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 (\$183.50)

No (\$56.00)

Start:

End:

Proposed advertising dates:

Proposed work dates:

Total Duration (days/weeks):

Traffic management plan and diagram attached:

Yes

Permit to Work In or Use a City reserve attached:

Yes

Advanced worksite traffic management (AWTM) accreditation number:

QUALITY CONTROL CERTIFICATION

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.

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	 Fax	Fax to 08 9185 1626
 Mail	City of Karratha PO Box 219 KARRATHA WA 6714	 In person	Visit the Administration Office at Welcome Road KARRATHA WA 6714