

# Renewal Photocard Application

## Traffic Controller/Implement Traffic Control Plans

This form is to apply for a renewal of a **current** (or recently expired within 3 months) Traffic Control or Implement Traffic Control Plans Photo Card & must be signed by the Applicant and Employer

### 1. APPLICANT DETAILS

Title

Sex

Male

Female

Family/Surname

Given Name

Middle/Other Name

Date of Birth (DD/MM/YYYY)

Contact Number

E-mail Address

RESIDENTIAL ADDRESS (Must be an address. PO Box, Locked Bag etc not acceptable)

Street number and name

Suburb

State

Post Code

POSTAL ADDRESS (if different from above)

Street Name / PO Box / GPO Box / Locked Bag / Private Bag

Suburb

State

Post Code

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Email: [info@commonsense.net.au](mailto:info@commonsense.net.au)

Mail: Commonsense Safety Training, 79A Riverview Rd, Earlwood NSW 2066

Ph: 0447 679 479



## 2. CARD DETAILS

Which card(s) do you require to be renewed? (A copy of your current (or recently expired within 3 months) card will need to be provided)

(Tick as required)

### Traffic Controller (TC)

### Implement Traffic Control Plans (ITCP)

TC Card Number

Expiry Date

ITCP Card Number

Expiry Date

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## 3. DETAILS OF INDUSTRY CURRENCY (this section is to be completed by the applicant)

**Traffic Controller:** In this section you are required to provide details on at least six (6) x traffic controller occurrences that has occurred within the past 12 months. Please also sign the declaration (part 4) and ensure that your employer signs the employer declaration (part 5)

### OCCURRENCE 1

Date	Name of person conducting a business or undertaking (PCBU)	Location
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Project Description

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### OCCURRENCE 2

Date	Name of PCBU	Location
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Project Description

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### OCCURRENCE 3

Date	Name of PCBU	Location
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Project Description

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**Implement Traffic Control Plans:** In this section you are required to provide details on at least six (6) x implement traffic control plans occurrences that has occurred within the past 12 months. The plans must have been implemented, monitored and traffic control devices closed down by the applicant. Please also sign the declaration (part 4) and ensure that your employer signs the employer declaration(part 5)

**OCCURRENCE 1**

Date                                      Name of PCBU                                      Location

Project Description

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**OCCURRENCE 2**

Date                                      Name of PCBU                                      Location

Project Description

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**OCCURRENCE 3**

Date                                      Name of PCBU                                      Location

Project Description

Commonsense Safety Training Pty Ltd

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#### 4. APPLICANT DECLARATION

**NOTE: False statements can result in substantial penalties.**

By signing this form, I the applicant recorded in section 1 of this form, declare that:

- To the best of my knowledge, the information contained in this application is true and correct in every particular.
- I have presented my current (or recently expired within 3 months) traffic control photocard.
- I have maintained competency to carry out the traffic control duties I am qualified for, as per section 3 of this application.
- I am aware that under 307A of the Crimes Act 1900 it is an offence to provide false, misleading or deficient information in or in connection with this application and that penalties may apply.
- To the best of my knowledge, I do not have any illness or incapacity that affects my ability to do the work for the qualification which is the subject of this application.
- If after obtaining my photocard, I develop any illness or incapacity which may affect my ability to do the work for any qualification I hold, I will cease to do the work and will advise Roads and Maritime Services Traffic Control Unit immediately.
- I am aware that the information and evidence provided in this application may be checked for authenticity and validity. This may include (but is not limited to):
  - Contacting me regarding any matter relating to this application, including validating my competency to carry out traffic controller and/or implement traffic control plans work.
  - Contacting the person with the management and control (PCBU) as recorded in section 5 of this application

If you understand and agree to the Privacy Statement and Declaration, please sign and date below.

Applicants Signature

Date

Witness

Date

Note: The person completing section 5 of this form must witness the applicants signature.

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#### 5. EMPLOYER DECLARATION

This declaration must be completed by a person with management or control of a workplace (PCBU) where traffic control work is carried out and where the applicant in section 1 is currently/or was previously, a worker.

I

*(Name of PCBU)*

as the PCBU of a workplace where traffic control work is carried out and where the applicant is/was a worker, declare that

*(Name of Applicant)*

has delivered traffic controller and/or implement traffic control plans work as detailed in section 3 of this form, for

*(Name of PCBU)*

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By signing this form, I declare that:

- To the best of my knowledge, the information contained in this application is true and correct in every particular.
- I have witnessed the applicant signing the above declaration in section 4.
- I have witnessed the applicant conducting traffic controller and/or implement traffic control plans work at the work site(s) named on this form.
- I am aware that under 307A the Crimes Act 1900 it is an offence to provide false, misleading or deficient information in this application.
- I am aware that Roads and Maritime Services or their approved training provider, may use the information provided in this form for the purposes of:
  - i. validating that the details supplied in this application are correct
  - ii. verifying the applicant's competency to carry out the work for traffic controller and/or implement traffic control plans
- I consent to Roads and Maritime Services or their approved training provider contacting me for purposes including:
  - i. validating that the details I have provided in this form are correct
  - ii. verifying that I have witnessed the applicant performing traffic controller and/or implement traffic control plans work in a competent manner

(Note: If the applicant is self-employed, then the applicant will be required to provide a separate statutory declaration supporting status, including ABN number)

Signature

Date

Full name of person with management or control of a workplace where the traffic control work was conducted

Name of PCBU

Address of PCBU

Contact Number

Email Address

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## 6. LODGING THIS FORM

- You must lodge this form in its entirety in person at an RMS Approved Training Provider.
- Provide your current (or recently expired within 3 months) photocards.
- The approved training provider will obtain a current photograph.
- A fee is payable to the approved training provider.

**NOTE: Service NSW is not equipped to process these applications.**

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## 7. ATP CHECKLIST (Administration only)

Please tick if the below has been checked, verified and completed

- Application form (this form) completed
- Current (recently expired within 3 months) photocard presented
- Industry Currency section completed
- Applicant signed declaration
- Employer signed declaration
- Applicants Photograph taken
- Statement of Completion issued
- Details uploaded into Gateway System

Please tick if the applicant is an RMS employee

General Comments

Trainer/Assessor Comments

ATP representatives name

ATP representatives signature

ATP number

Date

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