



The Construction Training Centre

Version – 3.0

FOR-ASM-101

Issue Date: 16/08/2019

CONTRACTOR DETAIL FORM

**1 TRADING NAME**

**2 REGISTERED BUSINESS ADDRESS**

**3 CONTRACTORS LICENCE**

Licence name	
QBCC Licence number	
Renewal date	Click here to enter a date.

**4 INSURANCE DETAIL**

Insurance company	
Cover detail	
Policy number	
Amount insured	
Renewal date	Click here to enter a date.
Certificate of cover provided in soft copy	<input type="checkbox"/> Yes <input type="checkbox"/> No

**5 PARTNERSHIP EVALUATION**  N/A – EXISTING CONTRACTOR

Online Introduction Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Schedule of rates provided in soft copy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client references provided (3)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Example of Site Specific Risk Assessment provided	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please email completed form to [service@ctc.qld.edu.au](mailto:service@ctc.qld.edu.au)