



**TAC POWERED MOBILE PLANT ACCESS FORM**

**Part 1 – Company Powered Mobile Plant Details**

Date:	
Company:	
Type of Mobile Plant:	
Make/Model:	

<b>SUPPORTING CRITERIA</b> (photocopy only)	<b>Attached</b> (Tick)
Current certification of registration	<input type="checkbox"/>
Current comprehensive and property damage insurance	<input type="checkbox"/>
Other relevant certification:	<input type="checkbox"/>

**Part 2**

Person responsible for equipment on site: Eg: Supervisor	
Purpose for equipment on site:	
Duration of site access:	
Does this equipment conform to TAC Mobile Plant Policies?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Signature of responsible person:	

**OFFICE USE ONLY**

Approved:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Signed:	
TAC (O) Access Sticker Number:				