

# Darwin International Airport BUSINESS REGISTRATION FORM-S001

This form is to be used when registering a new business with the ASIC & Access Control and Operations Departments. All businesses must be registered with the department before employees of the company are authorised to submit any security or operations related application forms.

To be completed in **BLOCK CAPITALS** only please.

## SECTION A – DOCUMENTATION

In order to register your business with us you are required to attach a photocopy of your Business Registration Certificate. Alternatively, if you are a Sole trader then evidence of your ABN registration must be attached. If you are contracted to work for other companies based at the airport we may ask you for evidence of this in the form of supporting letters from the contracting companies.

## SECTION B – BUSINESS DETAILS

Company Name: \_\_\_\_\_

Current **Business** Address: \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Current **Postal** Address: \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you contracted to work for another company based at the airport?  **YES\*** Please state which company \_\_\_\_\_  
 **NO** \*Note: Supporting documentation must be provided.

Description of Business: \_\_\_\_\_

Areas of Airport where access may be required and why: \_\_\_\_\_

### PLEASE NOTE:

- Any business required to operate a vehicle airside are required to complete and submit an Airside Vehicle Indemnity and Release Form and provide evidence of Public Liability insurance for an amount not less than AUD \$20 million before applying for an Authority to Use Airside (AUA) Permit.

## SECTION C – CONTACT DETAILS

Please note that the persons listed here may be contacted for all security and operations related matters, including non-returned ASICs / Access Cards and all Security Breaches. At least one of the below contacts must be based in the Northern Territory, and at least one of the below contacts must be included on the authorised signatory list in Section D.

### Primary Contact Name:

*(Mandatory)*

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Surname \_\_\_\_\_

Position: \_\_\_\_\_

Contact Numbers:

Office \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current **Postal** Address: \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

### Secondary Contact Name:

*(Mandatory)*

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Surname \_\_\_\_\_

Position: \_\_\_\_\_

Contact Numbers:

Office \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current **Postal** Address: \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

### Additional Contact Name:

*(Optional)*

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Surname \_\_\_\_\_

Position: \_\_\_\_\_

Contact Numbers:

Office \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current **Postal** Address: \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

## PLEASE NOTE:

- All signatures must be originals.

**SECTION D – AUTHORISED SIGNATORIES**

The persons listed below will become authorised signatories for the business named in Section B for all security and operations related forms. To add or remove persons from the below list once your business has been registered we will require a letter from an existing authorised signatory detailing the changes to be made, and showing signatures of any new persons that are to be added.

Authorised Signatory Name: \_\_\_\_\_  
Title                      Given Name                      Surname

Position: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Authorised Signatory Name: \_\_\_\_\_  
Title                      Given Name                      Surname

Position: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Authorised Signatory Name: \_\_\_\_\_  
Title                      Given Name                      Surname

Position: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Authorised Signatory Name: \_\_\_\_\_  
Title                      Given Name                      Surname

Position: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Authorised Signatory Name: \_\_\_\_\_  
Title                      Given Name                      Surname

Position: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_