



ARCIA Accreditation Application

1. Business Name

Company Name:			
Trading As:			
ACN:		and/or ABN:	
Address:			
State:		Postcode:	
Phone:		Fax:	
email:		Website:	
Years of Operation:			
Proprietorship:		Partnership:	
		Company:	
Tick as appropriate			

2. Owners/Directors/Partners/Managers

Title	
Title	
Title	

3. Business Focus

Describe your company's experience and focus in Radio Communications.
 Include technical/engineering capability



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4. Business References

Customers (3). Must be relevant and currency of at least 2 years

1	
Organisation	Contact/Title
Services provided	
Telephone	Address

2	
Organisation	Contact/Title
Services provided	
Telephone	Address

3	
Organisation	Contact/Title
Services provided	
Telephone	Address



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5. Insurances

Provide details of business and professional insurances and indemnities

6. Quality Policy

Provide details of company quality policy, procedures and program

7. Training Policy

Provide details of business training policy and programs for staff and employees



8. Organisational Presence

Provide details of business location and capabilities

9. Business References

Major Supplier (1). Must be relevant and currency of at least 2 years

1	
Organisation	Contact/Title
Services provided	
Telephone	Address



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10. Submission

PRIVACY INFORMATION

I/We authorise ARCIA to make such inquiries necessary for the purpose of considering this application
I/We acknowledge that we have been informed, in accordance with section 18E(8)(c) of the Privacy Act 1988

All information is treated as confidential and used only for the purpose of accreditation evaluation.

Authorised Company Representative(s):

Signature: _____

Name: _____

Position: _____

Date: _____