

Applicant Details

Name	
Title	
Company	
Work Phone	
E-Mail Address	

Application Scope

Date of Access	
Time on Site	
Name of Site	
Type of Site	
Address of Site	

Work to be Completed

Type of Work

Please summarise the work to be carried out including requested start time.

Agreement

By submitting this application, I understand that when required, my company/organisation will be invoiced at the contracted rate for time spe nt by the nominate d Queensland Rail representatives to permit and moni tor access on the date requested. I under stand that my company/organisation's delegate will be required to comply with all reasonable directions and requests made by Queensland Rail's representative and comply all with current Queensland Rail standard policies and procedures applicable to the task.

Name (printed)	
Signature	
Date	

Return

Please return this completed form Att: SITE ACCESS to telecomms@qr.com.au. Please allow 15 working days, inclusive of 5 working days for process and confirmation.

In the event of Emergency Access immediately contact the Fault Coordination Centre at <u>bne_fcc@qr.com.au</u> with a description of the works and times required. This centre is a 24/7 operation.