

LFT - CONTRACTOR APPLICATION FORM

COMPANY NAME	
ACN#	
ABN#	
STREET ADDRESS	
SUBURB & Postcode	
Mobile	
Email Address	
Company Director	
Mobile	
Email Address	
Banking Details. Account#	
BSB No.	

INSURANCE DETAILS –

You will also require the following documents on hand for uploading to our server once you have received your login details :

- Fully Comprehensive Motor Vehicle/Truck Insurance for All Trucks.& trailers (including 1million dangerous goods insurance)
- Public Liability(\$20 million), Marine(\$500,000)& Non Owned Trailer(for PM owners)
- WORKCOVER Certificate of Currency



LFT NEW VEHICLE APPLICATION FORM

Please complete for each vehicle that will be working for LFT

DATE:		
VEHICLE OWNER/COMPANY		
VEHCILE REGO		
REGO EXPIRY DATE		
YEAR MANUFACTUR		
MAKE / MODEL		
CAPACITY		
NO. AXLES		
GVM		
GCM (if applicable)		
TARE		
GAWR Front		
GAWR Rear		
Front Axle Payload		
Rear Axle Payload		
SPEED LIMITER FITTED		
CABIN CONDITION – Adjustable seats / ventilation working / clean		
Vehicle Base (Suburb where vehicle is generally parked)		
Certificate of Road Worth	lowing documents along with your submi hy or Latest Service Records & Speed lim nsurance & Trailer insurance if relevant.	
SPECTION CARRIED OUT BY:		
	(Print Name)	
SNATURE:		