|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref. No.** | | | | | | | |  | |
| ***Period of effect*** | | | | | | | | | |
|  | | | | | | | | | |
| Proposed period of effect: Start date: | | |  | | Finish date: | | |  |  |
|  | | | | | | | | | |
| ***Subcontractor’s details-*** 🡺 ***refer to the Explanatory Notes on the reverse of this form*** | | | | | | | | | |
|  | | | | | | | | | |
| Subcontractor’s name: |  | | | | | | | |  |
|  | | | | | | | | | |
| Address: |  | | | | | | | |  |
|  | | | | | | | | | |
| Phone number: |  | Mobile: | |  | | Fax number: |  | |  |
|  | | | | | | | | | |
| Email address: |  | | | | | | | |  |
|  | | | | | | | | | |

***About the contract***

|  |  |  |
| --- | --- | --- |
|  | | |
| List the Permit older’s function(s) being subcontracted: |  |  |
|  | | |
| Specify the permit conditions for which the subcontractor will carry responsibility: |  |  |
|  | | |
| Describe how the Permit Holder will ensure the above permit conditions are fully implemented: |  |  |
|  | | |

***Checklist – tick applicable boxes***

|  |  |
| --- | --- |
| 1. The subcontractor is aware of the restrictions and conditions of the Permit relevant to the subcontractor’s work: 2. The contract includes a signed confidentiality agreement 3. The contractor has/will undertake security awareness training. 4. The contract includes performance indicators | YES  NO  N/A  YES  NO  N/A  YES  NO  N/A  YES  NO  N/A |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Applicant’s signature, and permit details*** | | | | ***ASNO use only*** | | |
|  | | | | ***Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***For Director General ASNO*** | | |
| Name : |  | |  |
|  | | | |
| Position: |  | |  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | | | |
|  | | | | | | |
| Name of Permit Holder: |  | Permit number: | | |  |  |
|  | | | | | | |

Explanatory Notes

|  |  |
| --- | --- |
| **Ref No** | A sequential reference number is required for each form of this type submitted by the Permit Holder (eg 001, 002, 003 etc). Where amendments are made to a previously submitted form, please use the same reference with a sequential revision number (eg 2005-003 Rev 1) |
| **Start date** | The contract must not commence prior to approval being granted. Note that approvals are typically returned within 14 working days after receipt of the application. |
| **Subcontractor’s details** | Provide additional documentation if space on the form is insufficient. |
| **Applicant’s Signature** | This form must be signed by a representative of the Permit Holder (i.e. the organisation) who will take responsibility and sign documents on behalf of the organisation. |

|  |  |
| --- | --- |
| **This form replaces the following form 🡪** | ASO135 (version 1 – issued 27 March 2008) |