# Application for approval to conduct dangerous goods transport driver training

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| **Registered Training Organisation details** | | | | | | |
| **Full name and position of person making application** | | | | | | |
| **Registered training organisation (RTO) name** | | | | | | |
| **RTO number** | | | | | | |
| **Business name** | | | | | | |
| **ACN / ABN** | | | | | | |
| **Postal address** | | | | | | |
|  | | | | | **State** | **Postcode** |
| **Contact number** | | **(Phone)** | | **(Mobile)** | | |
| **Facsimile** |  | | **Email** | | | |

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| **Attach the following information with this application (please tick the boxes to ensure your submission is complete)** | |
|  | Certificate of RTO registration |
|  | Details of approved assessors listing qualifications, training experience and background in dangerous goods operations |
|  | Copy of course program to deliver TLILIC0001 *Licence to transport dangerous goods by road* |
|  | Copy of presentation materials developed |
|  | Copy of assessment program |
|  | Copy of driver manual for students |
|  | Copy of statement of attainment and certificate of completion issued to students |

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| **Applicant’s declaration** | |
| I certify that the details contained in this application are true and correct and I have enclosed the necessary documentation. | |
| Name | |
| Signature | Date |

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