

Patrick PortRail Application Form

Application Form

APPLICANT DETAILS			
Applicant name:			
Company / Business address:			
ABN:			
Contact person:			
Phone number:			
Email address:			
REQUESTED WINDOWS AT THE TERMINAL			
Proposed Commencement Date:			
Train arrival:	Day of week:		
	Time of Day:		
Train departure:	Day of week:		
	Time of Day:		
Origin:			
Destination:			
Constrained Path Freight Train:	Y/N		
Confirmation of Rail Path:	Y/N		
Type of freight to be carried:	Estimated TEUs:		
	[Insert]		
	[Insert]		

Estimated number of containers to be unloaded/loaded per train:			
ELIGIBILITY REQUIREMENTS (Refer Clause 8.4 of Terminal Access Agreement)			
Financial capacity of the Applicant	Solvency Confirmation:	Please confirm acknowledgement of and confirmation of solvency requirement	
	Confirmation of Legal ownership structure (with a sufficient capital base and assets of value to meet the actual and potential liabilities under an Access Agreement):	Please provide details related to required confirmation.	
	Able to provide credit support on request by Patrick:	Please confirm.	
Is the Applicant an Accredited Access			
Holder (Yes / No)?	(please provide evidence of accreditation)		
Rail Induction Contractor HSE and SIA completed.	(confirmation to be separately provided by Applicant upon completion)		
Does the Applicant comply with the health			
and safety requirements set out in the Access Agreement and Operating Protocol (Yes / No)?	If YES, please provide evidence of the Applicant's health and safety compliance		
Does the Applicant's representatives			
(including all employees, contractors, sub-contractors etc) comply with the competency requirements (Yes / No)?:	If YES, please provide evidence of the Applicant's staff capacity / competence		

Does the Applicant hold all approvals and agreements (including Rail Paths and interface agreements) reasonably required in connection with the Access sought (Yes / No)?:	If YES, please provide evidence of the Applicant's approvals / agreements
Acknowledgement of Train Load/Unload Requirements (Refer Clause 4 of the Terminal Operating Protocol)	Please confirm acknowledgement of and confirmation of compliance with minimum service requirement
Insurance	Please provide evidence of insurance in the form of valid certificates of currency