

CLOCSA

Membership Application



Business*

Trading Name*

ABN*

Website URL

Business Address

Postal Address:

Same As Business Address

Street Address

PO Box



Contact Person*

Industry Sector*

Type of Stakeholder in Relation to the CLOCS-A Standard*

Government Department (Commonwealth)

Transport Contractor

State Government

Transport Operator

Local Government

Vehicle Manufacturer/Supplier

Planning Authority/Regulator

Technology/Equipment Provider

Client/Developer

Training Provider

Construction Principal Contractor

Community/Road User Group

Other member

Do you have trucks?*

Do you have drivers?*

Yes

No

Yes

No

Do you have any CLOCS-A sites?*

Yes

No

Once you have completed this form please email to: admin@cilta.com.au