

# Alice Springs Airport BUSINESS REGISTRATION FORM-S001

This form is to be used when registering a new business with the Alice Springs Airport. All businesses must be registered with the Alice Springs Airport before employees of the company are authorised to submit any ASIC or Access application.

To be completed in **BLOCK CAPITALS** only please.

## SECTION A – DOCUMENTATION

In order to register your business with us you are required to attach a photocopy of your Business Registration Certificate. Alternatively, if you are a Sole trader then evidence of your ABN registration must be attached. If you are contracted to work for other companies based at the airport we may ask you for evidence of this in the form of supporting letters from the contracting companies.

## SECTION B – BUSINESS DETAILS

Company Name:	_____
Current <b>Business</b> Address:	_____
	Suburb _____ State _____ Postcode _____
Current <b>Postal</b> Address:	_____
	Suburb _____ State _____ Postcode _____
Email Address:	_____
Are you contracted to work for another company based at the airport ?	<input type="checkbox"/> YES* Please state which company _____ <input type="checkbox"/> NO *Note: Supporting documentation may be required.
Description of Business:	_____
Areas of Airport where access may be required and why:	_____

PLEASE NOTE: All signatures must be originals

**SECTION C – CONTACT DETAILS**

Please note that the persons listed here may be contacted for all security related matters, including non-returned ASICs / Access Cards and all Security Breaches. At least one of the below contacts must be based in the Northern Territory, and at least one of the below contacts must be included on the authorised signatory list in Section D.

<b>Primary Contact Name:</b> <i>(Mandatory)</i>	_____	_____	_____
	Title	Given Name	Surname
Position:	_____		
Contact Numbers:	Office _____	Mobile _____	
	Fax _____		
E-mail Address:	_____		
Current <b>Postal</b> Address:	_____		
	Suburb _____	State _____	Postcode _____
<b>Secondary Contact Name:</b> <i>(Mandatory)</i>	_____	_____	_____
	Title	Given Name	Surname
Position:	_____		
Contact Numbers:	Office _____	Mobile _____	
	Fax _____		
E-mail Address:	_____		
Current <b>Postal</b> Address:	_____		
	Suburb _____	State _____	Postcode _____
<b>Additional Contact Name:</b> <i>(Optional)</i>	_____	_____	_____
	Title	Given Name	Surname
Position:	_____		
Contact Numbers:	Office _____	Mobile _____	
	Fax _____		
E-mail Address:	_____		
Current <b>Postal</b> Address:	_____		
	Suburb _____	State _____	Postcode _____

**SECTION D – AUTHORISED SIGNATORIES**

The persons listed below will become authorised signatories for the business named in Section B for all security related forms. To add or remove persons from the below list once your business has been registered we will require a letter from an existing authorised signatory detailing the changes to be made, and showing signatures of any new persons that are to be added.

Authorised Signatory Name:	_____
	Title                      Given Name                      Surname
Position:	_____
Contact Telephone Number:	_____
E-mail Address:	_____
Signature:	_____
Authorised Signatory Name:	_____
	Title                      Given Name                      Surname
Position:	_____
Contact Telephone Number:	_____
E-mail Address:	_____
Signature:	_____
Authorised Signatory Name:	_____
	Title                      Given Name                      Surname
Position:	_____
Contact Telephone Number:	_____
E-mail Address:	_____
Signature:	_____
Authorised Signatory Name:	_____
	Title                      Given Name                      Surname
Position:	_____
Contact Telephone Number:	_____
E-mail Address:	_____
Signature:	_____