

APPLICATION FOR REGISTRATION AS A ROAD SAFETY AUDITOR

PERSONAL DETAILS

Surname: _____	Sex: M F Title: Prof Dr Mr Mrs Ms
Given Names (in full): _____	
Date of Birth: _____	Name of Employer: _____
Private Address: _____	Business Address: _____
Street: _____	Street: _____
City: _____ State: _____ Postcode: _____	City: _____ State: _____ Postcode: _____
Phone: _____ Mobile: _____	Phone: _____ Mobile: _____
Email: _____	Email: _____

EDUCATIONAL QUALIFICATIONS

Qualification Title: _____	Discipline: _____
University or College: _____	Year Completed: _____
Other: _____	

EXPERIENCE IN: APTITUDE FOR CRASH INVESTIGATION OR ROAD SAFETY ENGINEERING

List of Road Design & Construction, Traffic Engineering, Traffic Management; Road Safety, Crash Investigation & Road Safety Engineering (Demonstrate 2 years experience)	Verified

(Applicants are required to show that they have sufficient experience and expertise in the above areas of road safety engineering.)

ROAD SAFETY AUDIT COURSE ATTENDED	DATE	DURATION

ROAD SAFETY AUDITS CONDUCTED AS A TEAM MEMBER, OR AUDIT TEAM TRAINEE

Project (a minimum of two audits are required)	L or M	Stage	Date

Note: These Road Safety Audit Reports are required to be lodged with Main Roads WA.

Signature of Applicant:	Date:
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Signature of Person Verifying Experience:	Date:
**If interstate Mentor, please provide proof of Senior Accreditation	
PRINT NAME:	
Auditor Number Company	
Email	