

Business Registration Form – S001

This form is to be used when registering a new business with the Darwin International Airport. All businesses must be registered with the Darwin International Airport before employees of the company are authorised to submit any security or operations related application forms.

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: _____

Business Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Email Address: _____

Are you contracted to work for another company based at the airport? Yes No

If Yes, please state which company: _____

(Supporting Documentation must be supplied)

Description of Business: _____

Areas of Airport where access may be required and why: _____

PLEASE NOTE:

- Any business required to operate a vehicle airside are required to complete and submit an Airside Indemnity and Release Form and provide evidence of Public Liability Insurance for an amount not less than AUD \$20 before applying for an Authority to Use Airside (AUA) Permit.

SECTION C – CONTACT DETAILS

Please note that the persons listed here may be contacted for all security and operations related matters, including non-returned ASICs / VICs / 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.

Primary Contact Name: _____
Position: _____
Contact Numbers: Office: _____ Mobile: _____
Fax: _____
Email Address: _____
Postal Address: _____
Suburb: _____ State: _____ Postcode: _____

Secondary Contact Name: _____
Position: _____
Contact Numbers: Office: _____ Mobile: _____
Fax: _____
Email Address: _____
Postal Address: _____
Suburb: _____ State: _____ Postcode: _____

Additional Contact Name: _____
Position: _____
Contact Numbers: Office: _____ Mobile: _____
Fax: _____
Email Address: _____
Postal Address: _____
Suburb: _____ State: _____ Postcode: _____

PLEASE NOTE:

- All signatures must be originals.

SECTION D – AUTHORISED SIGNATORIES

The persons listed below will become authorised signatories for the business named in Section B for all security and operations 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: _____
Position: _____
Contact Telephone Number: _____
Email Address: _____
Signature: _____

Authorised Signatory Name: _____
Position: _____
Contact Telephone Number: _____
Email Address: _____
Signature: _____

Authorised Signatory Name: _____
Position: _____
Contact Telephone Number: _____
Email Address: _____
Signature: _____

Authorised Signatory Name: _____
Position: _____
Contact Telephone Number: _____
Email Address: _____
Signature: _____

Authorised Signatory Name: _____
Position: _____
Contact Telephone Number: _____
Email Address: _____
Signature: _____