



**Australian Radio Communications
Industry Association .Inc**

Application for Accreditation

ARCIA ACCREDITATION

Complete Following Information

1. BUSINESS NAME

COMPANY NAME: _____

TRADING AS: _____

A.C.N. NO: _____ ABN NO.: _____

ADDRESS _____

STATE _____ P/CODE: _____

PHONE. :(_____) _____ FAX (_____) _____

EMAIL: _____ WEBSITE: _____

YEARS OF OPERATION _____

PROPRIETORSHIP () PARTNERSHIP () COMPANY ()

(please tick one of the above)

2. OWNERS/DIRECTORS/MANAGERS

3. BUSINESS FOCUS: Describe your company's experience and focus in Radio Communications,
Include technical/engineering capability



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4. BUSINESS REFERENCES (CUSTOMERS (3) Must be relevant and of no more than 2 years)

ORGANISATION

CONTACT/TITLE

A. _____

SERVICES PROVIDED

TELEPHONE _____

ADDRESS: _____

B. _____

SERVICES PROVIDED

TELEPHONE _____

ADDRESS: _____

C. _____

SERVICES PROVIDED

TELEPHONE _____

ADDRESS: _____



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5. INSURANCES

Provide details of your business and professional business insurances

6. QUALITY POLICY

Provide details of your company quality procedures and program

7. TRAINING POLICY

Provide details of your business training policy for staff and employees

8. ORGANISATIONAL PRESENCE

Provide details of your business location and capabilities



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9. BUSINESS REFERENCES (Major Supplier)

ORGANISATION

CONTACT/TITLE

1) _____

TELEPHONE _____

SIGNATURE OF AUTHORISED COMPANY REPRESENTATIVE _____

NAME

POSITION

DATE:

____/____/____

PRIVACY INFORMATION

I/We authorise ARCIA to make such inquiries necessary for the purpose of considering this application I/We acknowledge that we have been informed, in accordance with section 18E(8)(c) of the Privacy Act 1988

All information is treated as confidential and used only for the purpose of accreditation evaluation.