



**SWAN HILL RURAL CITY COUNCIL
MEMORANDUM OF AUTHORISATION
TO ERECT, DISPLAY, PLACE, REMOVE OR ALTER TRAFFIC CONTROL DEVICES**

APPLICATION

Pursuant to Regulations under Part 2 – Installation of Traffic Control Devices – of the Road Safety (Traffic Management) Regulations 2009, I/we hereby apply for authorisation to erect, display, place, remove or alter (as the case may be) the Traffic Control Device(s) as specified herein.

I/We also agree and acknowledge that:

1. The Traffic Control Devices will be removed before the "Expiry (Removal) Date" unless a further authorisation has been granted;
2. Accurate records of actual usage will be kept in a recoverable document (eg. diary);
3. The attached plans are a true and accurate reflection of the base information and proposed treatment(s); and
4. The treatment(s) as shown on the plan(s) are in accordance with the Worksite Safety Traffic Management - Code of Practice.

1. APPLICATION DATE:		COUNCIL CONTACT DETAILS:	
APPLICANT DETAILS		8. COUNCIL CONTACT:	
2. NAME:		9. COUNCIL CONTRACT / PROJECT NO:	
3. COMPANY:		CONTRACTOR DETAILS	
4. PH NUMBER:		10. CONTRACTOR:	
5. FAX NUMBER:		11. ON SITE CONTACT:	
6. EMAIL:		12. ON SITE CONTACT MOB:	
7. SIGNATURE:		TRAFFIC MANAGEMENT COMPANY DETAILS	

<p align="center">Please do not alter the format of the MOA Application form.</p> <p align="center">Please note that ALL fields must be completed in order to process your MOA application.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>13. TRAFFIC MANAGEMENT COMPANY:</td> <td></td> </tr> <tr> <td>14. ON SITE CONTACT:</td> <td></td> </tr> <tr> <td>15. ON SITE CONTACT MOB:</td> <td></td> </tr> </table>	13. TRAFFIC MANAGEMENT COMPANY:		14. ON SITE CONTACT:		15. ON SITE CONTACT MOB:	
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14. ON SITE CONTACT:							
15. ON SITE CONTACT MOB:							

16. Have the following been applied for and approved? (Please tick the appropriate boxes).				
	YES	N/A	EXEMPT	Permit / App Number
PLANNING PERMIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WORKS WITHIN ROAD RESERVES NOTIFICATION & CONSENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NOTIFICATION OF PROPOSED WORKS (SHRCC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DESCRIPTION OF WORK / EVENT

17. TYPE OF WORK / EVENT:			
18. SCOPE OF WORK:			
18a. LANE CLOSURE DETAILS:		18c. DIRECTION:	
18b. SPEED REDUCTION:		18d. TIME DELAY:	
19. IS THIS APPLICATION A REPEAT OF ONE PREVIOUSLY AUTHORISED?:		IF YES, THE SWAN HILL REF NUMBER IS/WAS:	
20. MAJOR CONTROL DEVICE(S):			
21. MINOR CONTROL DEVICE(S):			
22. MAJOR CONTROL DEVICE(S) FOR AFTERCARE:			
23. MINOR CONTROL DEVICE(S) FOR AFTERCARE:			

LOCATION DETAILS

24. AREA / TOWN / SUBURB:		27. MUNICIPALITY:	
25. DECLARED ROAD NAME:		28. VCSD REF. Edition:	
26. LOCAL ROAD NAME:		29. MELWAY Ref. Edition:	
30. NEAREST INTERSECTING ROAD OR CHAINAGE:			
31. OTHER LOCATION DETAILS:			

EXPECTED DISPLAY DATES / TIMES

32. DAYS: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
33. ERECTION DATE: (i.e. dd/mm/yyyy)	
34. EXPIRY (REMOVAL) DATE: (i.e. dd/mm/yyyy)	
35. DAILY DISPLAY TIMES: (i.e. 9:30am to 3:30pm)	
36. DISPLAY TIMES (AFTER CARE): (i.e. 3:30pm to 9:30am)	
37. PERMANENT DEVICES TO BE CHANGED OR COVERED:	

AUTHORISATION (Swan Hill Rural City Council Internal Use Only)

<p>As a Swan Hill Rural City Council officer with the delegated power, I hereby grant authority to the use of Traffic Control Devices as specified above.</p> <p>.....</p> <p align="center">Signature</p> <p>.....</p> <p align="center">Title</p> <p>Date:</p>	<p align="center">Authorised copies to:</p> <ol style="list-style-type: none"> 1. Contractor / Applicant 2. Police Highway Patrol 3. Council file 4. Project file
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