



SWAN HILL RURAL CITY COUNCIL

MEMORANDUM OF AUTHORISATION - MOA  
TO ERECT, DISPLAY, PLACE, REMOVE OR ALTER TRAFFIC CONTROL DEVICES

|   |                       |  |  |  |                      |  |
|---|-----------------------|--|--|--|----------------------|--|
| <b>APPLICATION</b>  |                       |  |  |  |                      |  |
| Pursuant to Regulations under Part 2 - Installation of Traffic Control Devices - of the Road Safety (Traffic Management) Regulations 2019, I/we hereby apply for authorisation to erect, display, place, remove or alter (as the cause 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 (i.e. diary).  |                       |  |  |  |                      |  |
| 3. The attached plans are a true and accurate reflection of the base information and proposed treatment(s).   |                       |  |  |  |                      |  |
| 4. The treatment(s) as shown on the plan(s) are in accordance with the Road Management Act 2004 Code of Practice Worksite Safety - Traffic Management, and  |                       |  |  |  |                      |  |
| 5. This application has been prepared and submitted by a VicRoads prequalified Traffic Management company for works on SHRCC controlled roads (where applicable)  |                       |  |  |  |                      |  |
| 1. APPLICATION DATE:  |                       | <b>SHRCC CONTACT DETAILS</b>   |  |  |                      |  |
| <b>APPLICANT DETAILS</b>  |                       |  | 8. ARE THESE WORKS ON BEHALF OF SHRCC                          |  |                      |  |
| 2. NAME:  |                       | 9. IF YES, WHAT CATEGORY DO THE WORKS COME UNDER?                            |  |  |                      |  |
| 3. COMPANY:   |                       | 10. IF YES, WHO IS THE COUNCIL CONTRACT?                                     |  |  |                      |  |
| 4. PHONE NUMBER   |                       | <b>WORKS MANAGER DETAILS</b>   |  |  |                      |  |
| 5. MOBILE NUMBER  |                       | 11. COMPANY NAME:  |  |  |                      |  |
| 6. EMAIL:   |                       | 12. ON SITE CONTACT NAME:  |  |  |                      |  |
| 7. SIGNATURE:   |                       | 13. ON SITE CONTACT MOBILE:  |  |  |                      |  |
| <p>Please <b>do not</b> alter the format of the MoA Application form;</p> <p><b>ALL</b> fields must be accurately completed in order for your MoA application to proceed</p>  |                       |  | <b>TRAFFIC MANAGEMENT COMPANY DETAILS (FOR IMPLEMENTATION)</b> |  |                      |  |
|   |                       |  | 14. COMPANY NAME:  |  |                      |  |
|   |                       |  | 15. ON SITE CONTACT NAME:                                      |  |                      |  |
|   |                       |  | 16. ON SITE CONTACT MOBILE:                                    |  |                      |  |
| 17. HAVE THE FOLLOWING BEEN APPLIED FOR AND APPROVED?   |                       |  |  |  |                      |  |
|   | PROVIDED, APPLIED FOR | Consent / App Number   |  | PROVIDED, APPLIED FOR                            | Consent / App Number |  |
| PLANNING PERMIT   |                       |  | PROPOSED WORKS (SHRCC)   |  |                      |  |
| NOTIFICATION OF PROPOSED WORKS  |                       |  | CONSENT FOR WORKS  |  |                      |  |
| <b>DESCRIPTION OF WORK / EVENT</b>  |                       |  |  |  |                      |  |
| 18. TYPE OF WORK / EVENT  |                       |  |  |  |                      |  |
| 19. SCOPE OF WORK / EVENT (IN DETAIL):  |                       |  |  |  |                      |  |
| 20. LANE CLOSURE DETAILS:   |                       | 21. NUMBER OF LANES CLOSED:  |  |  |                      |  |
| 22. EXISTING SPEED LIMIT (KM/H):  |                       | 23. TIME DELAY:  |  |  |                      |  |
| 24. PROPOSED TEMPORARY ROADWORKS SPEED LIMIT (KM/H):  |                       | 25. TRAFFIC MANAGEMENT PLAN REFERENCE NUMBER(S):                             |  |  |                      |  |
| 26. CLEARANCE TO TRAFFIC (i.e.. Workers/operating plant)  |                       | 27. LENGTH OF WORKSITE (M): (i.e. distance from first sign to the last sign) |  |  |                      |  |
| 28. MAJOR TRAFFIC CONTROL DEVICE(S):  |                       |  |  |  |                      |  |
| 29. MINOR TRAFFIC CONTROL DEVICE(S):  |                       |  |  |  |                      |  |
| 30. MAJOR TRAFFIC CONTROL DEVICE(S) FOR AFTERCARE:  |                       |  |  |  |                      |  |
| 31. MINOR TRAFFIC CONTROL DEVICE(S) FOR AFTERCARE:  |                       |  |  |  |                      |  |
| 32. IS THIS APPLICATION A REPEAT OF ONE PREVIOUSLY AUTHORISED?  |                       | 33. IF YES, THE COUNCIL REFERENCE NUMBER IS/WAS:                             |  |  |                      |  |
| <b>LOCATION DETAILS</b>   |                       |  |  |  |                      |  |
| 34. AREA / TOWN / SUBURB:   |                       | 35. MUNICIPALITY:  |  | SWAN HILL RURAL CITY COUNCIL                     |                      |  |
| 36. DECLARED / LOCAL ROAD NAME:   |                       | 37. MELWAY REF.  | VCSD REF.  |  |                      |  |
| 38. NEAREST INTERSECTING ROAD OR CHAINAGE:  |                       |  |  |  |                      |  |
| <b>EXPECTED DISPLAY DATES / TIMES</b>   |                       |  |  |  |                      |  |
| 39. DAYS:   |                       | Period 1<br>(Insert setup type if more than one)                             |  | Period 2<br>(Insert setup type if more than one) |                      |  |
| 40. ERECTION DATE: (i.e.. Day, Month, Year)   |                       |  |  |  |                      |  |
| 41. EXPIRY (REMOVAL) DATE: (i.e.. Day, Month, Year)   |                       |  |  |  |                      |  |
| 42. DAILY DISPLAY TIME (WEEKDAYS): (e.g. 9:30am to 3:30pm)  |                       |  |  |  |                      |  |
| 43. DAILY DISPLAY TIME (WEEKENDS): (e.g. 9:30am to 3:30pm)  |                       |  |  |  |                      |  |
| 44. AFTERCARE DISPLAY TIME: (e.g. 3:30pm to 9:30am)   |                       |  |  |  |                      |  |
| 45. ADDITIONAL INFORMATION: (e.g. 3:30pm to 9:30am)   |                       |  |  |  |                      |  |
| 46. PERMANENT DEVICES TO BE CHANGED OR COVERED:   |                       |  |  |  |                      |  |
| <b>AUTHORISATION (Swan Hill Rural City Council Internal Use Only)</b>   |                       |  |  |  |                      |  |
| As a Swan Hill Rural City Council Authorised officer with the delegated power, I hereby grant authority to the use of Traffic Control Devices as specified above:   |                       |  |  | <b>Authorised copies to:</b>                     |                      |  |
| Name  |                       |  |  | 1. Contractor / Applicant                        |                      |  |
| Title   |                       |  |  | 2. Emergency Services                            |                      |  |
| Signature   |                       |  |  |  |                      |  |
| Date:   |                       |  |  |  |                      |  |