

NatRoad Members TruckSafe Application



Contact Details

Company Name: _____

Trading Name: _____

ABN Number: _____

TruckSafe Contact Person: _____

Phone: _____

Fax: _____

Mobile: _____

Email: _____

Postal Address: _____

Street Address: _____

Company Particulars

Type of Operation: _____ No of Prime Movers: _____

No of Rigid: _____ No of Trailers: _____ No of Drivers: _____

Membership Details

(Please refer to the TruckSafe Fee Structure in this brochure or on the website at <http://www.trucksafe.com.au>)

TruckSafe Membership level (1-8): _____ Membership Fee: \$ _____

I declare that the information given is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

When complete, please forward to:

- **TruckSafe Pty Ltd, Minter Ellison Building, Ground Floor, 25 National Cct Forrest ACT, or**
- **Fax to TruckSafe, 02 6253 6999, or**
- **E-Mail to TruckSafe, trucksafe@atatruck.net.au**