

# **Traffic Controller Accreditation Application**

Transport Operations (Road Use Management) Act 1995

MADELAT TIBELLE	Oordination Act 1994	
This form may be used by you to apply for:	Daytime contact phone number	Date of birth
<ul> <li>Traffic Controller Accreditation</li> <li>renewal of a Traffic Controller Accreditation.</li> </ul>		1 1
To apply for Traffic Controller Accreditation you must:	Email address	
(a) have held within the last five years, a driver licence other		
than a learner licence (b) pay the appropriate fee	Town/City of birth	
(c) complete an approved training course.		
Please note: applications may be lodged prior to completion of the relevant training qualifications to allow the Department of Transport	State/Territory of birth Cour	ntry of birth
and Main Roads to commence the required checks.		
However, the relevant training qualifications must be lodged within three months from the lodgement of the application or the	(b) Do you wish to advise the department	
application will lapse and you will not receive a full refund of the	personal details (for example, change	ge of name)?
application fee.	No _	
To renew an existing Traffic Controller Accreditation you must:	Yes You are also required to c Customer Details (form F	
(a) complete an approved refresher training course     (b) have paid the appropriate fee.	a Change of Name docum	nent (refer to EOI
	Requirements (form F436	• •
Additional Information This application and fees must be lodged in person at a	2 - Current Industry Authority	
departmental Customer Service Centre or QGAP Office.	<ul><li>(a) Do you have an existing industry au Driver Authorisation, Tow Truck Driv</li></ul>	
Upon approval of your application, you can use an Interim Industry Authority as evidence that you are authorised to perform	No 🗍	,
the role until your industry authority card arrives in the mail. To	Yes Do you wish to surrender	any of these authorities?
obtain your interim industry authority by email ask to sign up for TMR's e-reminders when submitting your application. For more	No 🗍	
information on e-reminders please refer to	Yes You must also co	omplete a Replacement
www.qld.gov.au/transport/enotice.  If you have an existing industry authority card, you must bring	Industry Authorit	y (form F4729)
this with you.	(b) Do you have other industry authority been lodged but are not yet finalised	
Fees are not refundable if the application is unsuccessful.	No No	<b>.</b> :
Evidence of Identity (EOI) Requirements Refer to the EOI Requirements (form F4362) or the departmental	Yes Please provide details.	
website www.tmr.qld.gov.au for a full list of EOI, evidence of Qld	res provide details.	
residential address and change of name documents.		
Poigital Photo You may be required to allow the taking of a digital photo to		
confirm your connection to the most recent digital photo kept by	3 - What are you applying for?	
the department or to renew the latest digital photo.	Traffic Controller Accreditation	
1 - Applicant's Details (please tick appropriate box) (a) Do you have a Customer Reference Number (CRN)?	Renewal of Traffic Controller Accred	litation
(The CRN is your Qld driver licence number, Adult Proof of	4 - Background Information	
Age Card or Industry Authority number)	(a) Have you ever been known, or are y name?	you known by, any other
No Please complete a New Customer Application (form F3503).	No Yes You are required t	o give full details
Yes Please quote your CRN.		n – attach separate sheet.
	What name/s?	Period
Date licence effective from Expiry date of licence		
Family name (please print in block letters)	(b) Have you lived in any other state, te	erritory or country in the
	last 10 years?	a mine full data!!
Given name/s	No Yes You are required t	o give fuil details ì – attach separate sheet.
	Town/State/Country	Period
Residential address		1 1
		1 1
Postcode		
Postal address (if the same as residential write 'as above')		

Postcode continued next column... **continued next page...**Page 1 of 4 TRB Forms Area F4115 CFD V01 Jan 2021

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	Previous Industry Authority Information Have you ever had an authority/licence/accreditation/ certificate (in Qld or elsewhere) suspended, cancelled or refused?	To be	ical Fitness and Suitability Criteria eligible for accreditation as a traffic controller, you satisfy certain medical fitness and suitability criteria.  No Yes
	No Yes You are required to give full details If insufficient room – attach separate sheet.	(9.1)	Is your vision impaired to an extent that it makes it difficult to distinguish a vehicle at a distance of 150 metres?
		(9.2)	Do you have any form of colour blindness?
	Traffic History Have you (in Qld or elsewhere):	(9.3)	Do you have any hearing defect which has not been corrected by the use of a hearing aid?
(a)	ever had your driver licence suspended or cancelled?  No Yes You are required to give full details	(9.4)	Do you have a disability which could limit mobility?
(b)	If insufficient room – attach separate sheet.  ever been disqualified from holding or obtaining a driver	(9.5)	Does your physical condition prevent you from being able to stand for periods of up to two hours, without a break, whilst holding a traffic control bat and directing traffic in accordance with the operating procedure?
	licence?  No Yes You are required to give full details  If insufficient room – attach separate sheet.	have Optor	answered 'Yes' to questions 9.1 or 9.2, you must the next section of this form completed by a Doctor or metrist. If you answered 'Yes' to questions 9.3, 9.4 or ou must have Question 10 of this form completed by a
, ,	in the last five years, received a notice in relation to any traffic offence other than parking? (for example, speeding, failure to give way)  No Yes You are required to give full details		
	Criminal History In the past 10 years, have you been convicted of a criminal		
	offence or been charged with any offences and the charge has not been finally disposed? Conviction includes a finding of guilt, and the acceptance of a plea of guilty, by a court, whether or not a conviction was recorded.  No Yes You are required to give full details  If insufficient room – attach separate sheet.		
Ω	Competency Requirements		
	This application form may be lodged before completing the training course provided that the original/copy Statement of Attainment is submitted within three months of lodging this application. Failure to do this will result in the application being rejected and a new application and relevant fees will be required.		
	Have you completed the department's approved traffic controller's training course – RIIWHS 205E within the last 12 months? The department will only accept the Statement of Attainment dated within the last 12 months.		
	Yes Attach the original/copy Statement of Attainment.		
	No Training course not yet completed. Training course certificate must be presented within three months of lodging this application.		

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## **Medical Guidelines for the Traffic Controller** Accreditation Scheme

#### Information for the Health Professional completing the medical certification

A traffic controller is responsible for controlling traffic at road worksites and other events where a road closure or part closure is necessary. Traffic around road worksites can be hazardous and the role of a traffic controller is to ensure a safe environment for road workers and the general public.

Therefore, to competently and safely perform the role of a traffic controller, the applicant must meet the following medical fitness and suitability criteria.

#### Eyesight

A traffic controller must be able to:

- distinguish a vehicle at a distance of approximately 150
- have visual acuity of 6/12 which would allow a vehicle number plate to be read at a distance of up to 20 metres on a clear day (character size on number plate 77 mm x 12 mm)
- have reasonable judgement of speed and distances so that the traffic controller can decide when to exit the path of an oncoming vehicle that fails to stop or slow down as directed
- distinguish a red coloured disc (of 450 mm diameter) from a yellow coloured disc (of 450 mm diameter) at a distance of 250 metres on a clear day.

Any visual defect which has not been rectified by the use of corrective lenses or by surgery should be taken into account by the Doctor/Optometrist. If the person has mild colour blindness, this should not be a problem for performing traffic control duties, providing the person can pass the Ishihara colour test. Note: If corrective lenses are worn by the person to meet the above requirements, they must be worn while performing traffic control duties.

#### Hearing/Speech

A traffic controller must be able to:

- hear a supervisor's instructions, vehicle warning devices and emergency vehicle sirens above normal traffic noise
- differentiate noises emanating from the left side, right side and behind the traffic controller
- have sufficient hearing to be able to communicate with other road workers via portable communication equipment (such as two way radio).

#### Mobility, Endurance and Concentration

A traffic controller must be capable of:

- quickly moving out of the path of an approaching vehicle that does not stop or slow down as directed
- give approved traffic control signals whilst standing and holding a 'STOP/SLOW' bat for periods of up to two hours without a break
- setting up and removing temporary road signage at and around a road worksite
- concentrating on the tasks at hand for up to two hours without a break.

#### 10 - Medical Practitioner Certification

To be completed by a Doctor Refer to the Medical Guidelines - see opposite I have examined the applicant having regard for the health and safety of the public generally, and state that the applicant: is mentally and physically an appropriate person to hold an approval is not mentally and physically an appropriate person to hold an approval Doctor's name (please print) Address or stamp Telephone number Doctor's signature Date of examination To be completed by an Optometrist Refer to the Medical Guidelines - see opposite I have examined the applicant having regard for the health and safety of the public generally, and state that the applicant: has suitable vision to perform traffic controller duties does not have suitable vision to perform traffic controller duties Optometrist's name (please print) Address or stamp Provider number Telephone number Optometrist's signature Date of examination

### 11 - Applicant's Declaration

I consent to the department verifying my EOI information and using my personal information, digital photo and digitised signature for the purposes associated with my application for a Traffic Controller Accreditation.

I declare that I have read the above statement and that the answers given by me are complete, true and correct in every detail

I understand that any false, misleading or incorrect information provided by me may result in the immediate cancellation of the Traffic Controller Accreditation.

#### Consent to conduct enquiries

In making this application, I agree to the department carrying out those enquiries it deems necessary to determine if I meet the suitability requirements for Traffic Controller Accreditation and to conduct such enquiries during the period of my accreditation to assess my ongoing suitability to hold the approval. Such enquiries include, but are not limited to:

- a driving history check in all states and territories of Australia
- a national criminal history check (charges including those yet to be determined, convictions and certain investigative and disciplinary information) through the Queensland Police Service or a New Zealand criminal check (if applicable)
- enquiries with the courts, police, prosecuting authorities or other such relevant bodies or entities necessary to enable the department to make a full and informed assessment of my suitability for a Traffic Controller Accreditation.

#### Consent for the release of information

I consent to the release of that information by Queensland Police Service and the Australian Police Service to the department. I understand that the release of my criminal history by those authorities is subject to relevant legislation.

#### Responsibilities as a traffic controller

I understand my responsibilities as a traffic controller under the *Transport Operations (Road Use Management) Act.*I understand that failure to comply with the statutory accreditation conditions and the Traffic Controller Accreditation Scheme Approved Procedure may result in the suspension or cancellation of my accreditation as a traffic controller.

Sign only in the presence of a departmental officer.

Applican	ıt's sign	ature		
Date				
/	/			

Privacy statement: The department collects the information on this form under the *Transport Operations* (*Road Use Management*) *Act* and *Transport Planning and Coordination Act* for the purpose of managing the Traffic Controller Accreditation Scheme. Where required, the department usually discloses some or all of this information, to its agents and contractors, the Queensland Police Service and other Queensland, interstate and federal government agencies. In the event that you apply for a product of another government agency, your digital photo and digitised signature may be used by this department to issue you with the prescribed authority. The department will not disclose your personal information to any other third party without your consent unless authorised or required to by law.

# **Authorising Person's Declaration**

I declare that:

I have witnessed the applicant's signature. I am satisfied that the signature accords satisfactorily with the signature appearing on the EOI document/s. I have also sighted EOI, and the Change of Name documents as required.

Au	thorising person's name		
Au	thorising person's signature		
Da	1 1		
Оп	ice stamp		
Of	fice Use Only		
(a)	The applicant has applied for –		
	Traffic Controller Accreditation		
/h\	Renewal of Traffic Controller Accreditat	ion []	
(D)	Fee paid Amount paid Receipt number	er	
	\$		
		Yes No	
(c)	Has the relevant driver licence been sig EOI verified?	hted and	
(d)	Has a 1:1 match been performed?		
LH	lub to complete the following for NEV	V annlications only	
	Does the applicant meet the licensing requirements?		
(f)	Is the applicant's traffic history check satisfactory for accreditation?		
(g)	Is the applicant's criminal history check satisfactory for accreditation?		
(h)	) Is the person mentally and physically an appropriate person to be accredited? (See section 9 on this form)		
(i)	Has the applicant completed the required training? (See section 8 on this form)		
(j)	Do you recommend that this application	n be approved?	
	Yes Yes with conditions No (attach a copy of the condition letter with this application)	of the refusal letter with this application	
	Recommended by	Date	
	Approved by	Date /	
	Refused by	Date	
		/ /	