

CERTIFIED LOCATING ORGANISATION (CLO) APPLICATION FORM

Registered business name:		
Trading name:		
ABN Number:		
ACN Number (if applic):		
Business structure: Please select one	<input type="checkbox"/> Sole Director/Secretary	
	<input type="checkbox"/> Director/Secretary of Multiple Directors	
	<input type="checkbox"/> Individual on behalf of a Partnership	
	<input type="checkbox"/> Sole Trader	
	<input type="checkbox"/> Delegated Authority (eg, Council)	
	<input type="checkbox"/> Power of Attorney	
Director 1 / Sole Trader:	Name:	
	Email:	
	Phone:	
	Mobile:	
Director 2 / Company Secretary:	Name:	
	Email:	
	Phone:	
	Mobile:	
CLO Representative:	Name:	
	Email:	
	Phone:	
	Mobile:	
Accounts Payable:	Email:	
Business registered address:		
Business postal address:		
Certified Locators:	<i>Please provide name, email address and mobile number.</i>	