**Client Request Information Form (ME/NOHS/2/1-01/RF-1)**

**Project Reference No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Details**

**Owner Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Industry Class:\_\_\_\_\_\_\_\_**

**TIN No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business License No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Details**

**Contact Person Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type –**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ❒ | FORKLIFT |  | GARBAGE TRUCK |  | TANKER |
| ❒ | SIDE LIFTER |  | SELF LOADER TRUCK |  | GANTRY CRANE |
|  | TOW TRUCK |  | BULLDOZER |  | CONCRETE PLACING UNIT |
|  | CHERRY PICKER |  | ROLLER |  | BRIDGE CRANE |
|  | HIAB TRUCK |  | LOW BED TRUCK |  | LIFTING EQUIPMENT |
|  | CONCRETE PUMP TRUCK |  | GRADER |  | PRESSURE VESSEL |
|  | EXCAVATOR |  | LOADER |  | VEHICLE HOIST |
|  | TIP/DUMP TRUCK |  | CRANE |  | AIR COMPRESSOR |
|  | BACK LOADER TRUCK |  | BACKHOE |  | BOILER |
|  | GANTRY TRUCK |  | PLATFORM TRUCK |  | PASSANGER LIFT |
|  | SERVICE LIFT |  | GOODS LIFT |  | EXCALATOR |
|  | MOVING WORKWAYS |  | AMUSEMENT RIDES |  | WORK BOXES/CAGE |
|  | SCAFFOLDING |  | BUILDING MAINTENANCE UNIT |  | MAST CLIMBING WORK PLATFORM |
|  | OTHER |  |  |  |  |

**Plant Detail:** ……………………………………………………………………………………….

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**Development Details**

**Site Address of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lot No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**House No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Unit/Flat No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/Town.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE USE ONLY**

|  |  |
| --- | --- |
| Receipt No |  |
| Receipt Date |  |
| File No |  |
| Inspector Responsible |  |
| Mode of Transport |  |
| Total hours |  |
| Debit Note No |  |
| Trust Fund Receipt No |  |