



**HINDMARSH SHIRE COUNCIL
MEMORANDUM OF AUTHORISATION
TO ERECT, DISPLAY, PLACE, REMOVE OR ALTER TRAFFIC CONTROL DEVICES**

APPLICATION				
Pursuant to Regulations under Part 2 – Installation of Traffic Control Devices – of the Road Safety (Traffic Management) Regulations 2009, I/we hereby apply for authorisation to erect, display, place, remove or alter (as the case 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 (eg. diary);				
3. The attached plans are a true and accurate reflection of the base information and proposed treatment(s); and				
4. The treatment(s) as shown on the plan(s) are in accordance with the Worksite Safety Traffic Management - Code of Practice.				
1. APPLICATION DATE:		VICROADS / COUNCIL CONTACT DETAILS:		
APPLICANT DETAILS		8. VICROADS / COUNCIL CONTACT:		
2. NAME:		9. VICROADS CONTRACT / PROJECT NO:		
3. COMPANY:		CONTRACTOR DETAILS		
4. PH NUMBER:		10. CONTRACTOR:		
5. FAX NUMBER:		11. ON SITE CONTACT:		
6. EMAIL:		12. ON SITE CONTACT MOB:		
7. SIGNATURE:		TRAFFIC MANAGEMENT COMPANY DETAILS		
<p>Please do not alter the format of the MoA Application form.</p> <p>Please note that ALL fields must be completed in order to process your MoA application.</p>		13. TRAFFIC MANAGEMENT COMPANY:		
		14. ON SITE CONTACT:		
		15. ON SITE CONTACT MOB:		
16. Have the following been applied for and approved? (Please tick the appropriate boxes).				
	YES	N/A	EXEMPT	Permit / App Number
WORKS WITHIN ROAD RESERVE PERMIT (Council)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DESCRIPTION OF WORK / EVENT				
17. TYPE OF WORK / EVENT:				
18. SCOPE OF WORK:				
18a. LANE CLOSURE DETAILS:			18c. DIRECTION:	
18b. SPEED REDUCTION:			18d. TIME DELAY:	
19. IS THIS APPLICATION A REPEAT OF ONE PREVIOUSLY AUTHOURISED?:		Yes or No	IF YES, THE COUNCIL REF NUMBER IS/WAS:	
20. MAJOR CONTROL DEVICE(S):				
21. MINOR CONTROL DEVICE(S):				
22. MAJOR CONTROL DEVICE(S) FOR AFTERCARE:				
23. MINOR CONTROL DEVICE(S) FOR AFTERCARE:				
LOCATION DETAILS				
24. AREA / TOWN / SUBURB:		27. MUNICIPALITY: Hindmarsh Shire Council		
25. DECLARED ROAD NAME:		28. VCSD REF. Edition:		
26. LOCAL ROAD NAME:		29. MELWAY Ref. Edition:		
30. NEAREST INTERSECTING ROAD OR CHAINAGE:				
31. OTHER LOCATION DETAILS:				
EXPECTED DISPLAY DATES / TIMES				
32. DAYS: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday				
33. ERECTION DATE: (i.e. dd/mm/yyyy)				
34. EXPIRY (REMOVAL) DATE: (i.e. dd/mm/yyyy)				
35. DAILY DISPLAY TIMES: (i.e. 9:30am to 3:30pm)				
36. DISPLAY TIMES (AFTER CARE): (i.e. 3:30pm to 9:30am)				
37. PERMANENT DEVICES TO BE CHANGED OR COVERED:				
AUTHORISATION (Hindmarsh Shire Council Internal Use Only)				
As a Hindmarsh Shire Council officer with the delegated power, I hereby grant authority to the use of Traffic Control Devices as specified above.			Authorised copies to:	
..... Signature			1. Contractor / Applicant	
..... Title			2. Police Traffic Management Unit	
Date:/...../.....			3. Hindmarsh Shire Council file	
			4. Project file	
			5. For full road closures advise all emergency services	