SWAN HILL RURAL CITY COUNCIL

MEMORANDUM OF AUTHORISATION - MOA
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 2019, I/we hereby apply for authorisation to erect, display, place, remove or alter (as the cause 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 (i.e. diary).
3. The attached plans are a true and accurate reflection of the base information and proposed treatment(s).
4. The treatment(s) as shown on the plan(s) are in accordance with the Road Management Act 2004 Code of Practice Worksite Safety - Traffic Management, and
5. This application has been prepared and submitted by a VicRoads prequalified Traffic Management company for works on SHRCC controlled roads (where applicable)

1. APPLICATION DATE:	**SHRCC CONTACT DETAILS**	
APPLICANT DETAILS	**8. ARE THESE WORKS ON BEHALF OF SHRCC**	
2. NAME:	**9. IF YES, WHAT CATEGORY DO THE WORKS COME UNDER?**	
3. COMPANY:	**10. IF YES, WHO IS THE COUNCIL CONTRACT?**	
4. PHONE NUMBER	**WORKS MANAGER DETAILS**	
5. MOBILE NUMBER	**11. COMPANY NAME:**	
6. EMAIL:	**12. ON SITE CONTACT NAME:**	
7. SIGNATURE:	**13. ON SITE CONTACT MOBILE:**	
Please do not alter the format of the MoA Application form; **ALL fields must be accurately completed in order for your MoA application to proceed**	**TRAFFIC MANAGEMENT COMPANY DETAILS (FOR IMPLEMENTATION)**	
	14. COMPANY NAME:	
	15. ON SITE CONTACT NAME:	
	16. ON SITE CONTACT MOBILE:	

17. HAVE THE FOLLOWING BEEN APPLIED FOR AND APPROVED?

	PROVIDED, APPLIED FOR	Consent / App Number		PROVIDED, APPLIED FOR	Consent / App Number
PLANNING PERMIT			**PROPOSED WORKS (SHRCC)**		
NOTIFICATION OF PROPOSED WORKS			**CONSENT FOR WORKS**		

DESCRIPTION OF WORK / EVENT

18. TYPE OF WORK / EVENT			
19. SCOPE OF WORK / EVENT (IN DETAIL):			
20. LANE CLOSURE DETAILS:		**21. NUMBER OF LANES CLOSED:**	
22. EXISTING SPEED LIMIT (KM/H):		**23. TIME DELAY:**	
24. PROPOSED TEMPORARY ROADWORKS SPEED LIMIT (KM/H):		**25. TRAFFIC MANAGEMENT PLAN REFERENCE NUMBER(S):**	
26. CLEARANCE TO TRAFFIC (i.e.. Workers/operating plant)		**27. LENGTH OF WORKSITE (M): (i.e. distance from first sign to the last sign)**	
28. MAJOR TRAFFIC CONTROL DEVICE(S):			
29. MINOR TRAFFIC CONTROL DEVICE(S):			
30. MAJOR TRAFFIC CONTROL DEVICE(S) FOR AFTERCARE:			
31. MINOR TRAFFIC CONTROL DEVICE(S) FOR AFTERCARE:			
32. IS THIS APPICATION A REPEAT OF ONE PREVIOUSLY AUTHORISED?		**33. IF YES, THE COUNCIL REFERNCE NUMBER IS/WAS:**	

LOCATION DETAILS

34. AREA / TOWN / SUBURB:		**35. MUNICIPALITY:**	**SWAN HILL RURAL CITY COUNCIL**
36. DECLARED / LOCAL ROAD NAME:		**37. MELWAY REF.** / **VCSD REF.**	
38. NEAREST INTERSECTING ROAD OR CHAINAGE:			

EXPECTED DISPLAY DATES / TIMES

39. DAYS:

	Period 1 (Insert setup type if more than one)			Period 2 (Insert setup type if more than one)		
40. ERECTION DATE: (i.e.. Day, Month, Year)						
41. EXPIRY (REMOVAL) DATE: (i.e.. Day, Month, Year)						
42. DAILY DISPLAY TIME (WEEKDAYS): (e.g. 9:30am to 3:30pm)						
43. DAILY DISPLAY TIME (WEEKENDS): (e.g. 9:30am to 3:30pm)						
44. AFTERCARE DISPLAY TIME: (e.g. 3:30pm to 9:30am)						
45. ADDITIONAL INFORMATION: (e.g. 3:30pm to 9:30am)						
46. PERMANENT DEVICES TO BE CHANGED OR COVERED:						

AUTHORISATION *(Swan Hill Rural City Council Internal Use Only)*

As a Swan Hill Rural City Council Authorised officer with the delegated power, I hereby grant authority to the use of Traffic Control Devices as specified above:

....
Name

....
Title

....
Signature

Date: .... / .... / ....

Authorised copies to:

1. Contractor / Applicant
2. Emergency Services