

 <p>Provide an estimate of the time taken to complete this form. Include the time spent:</p> <ol style="list-style-type: none"><li>1. reading the instructions, working on the questions and obtaining the information</li><li>2. by all employees in collecting and providing this information</li></ol> <p>Hours <input type="text"/> Minutes <input type="text"/></p>
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OFFICE USE ONLY	
CW Registration Number	
Date Received	
File Number	

# Non-Compulsory Uniforms Registration Application Form

**THIS APPLICATION FORM IS FOR USE BY EMPLOYERS ONLY**

Read the [Approved Occupational Clothing Guidelines](#) before completing this form. For further information email [raoc@industry.gov.au](mailto:raoc@industry.gov.au)

If you are a subsidiary or a franchised unit and wish to register the identical non-compulsory corporate uniform as the holding company or franchisor, complete Part 3, and the Declaration at Part 5 ONLY.

Email completed applications to: [raoc@industry.gov.au](mailto:raoc@industry.gov.au)

If the space provided in this form is insufficient for your response, submit the information as a word document and attach it to the email.

Protecting your confidential information is important to us. The Department of Industry, Science and Resources (DISR) customers should be aware, however, that public disclosure of some information could occur if the release of the information is required or permitted by law.

This may happen, for example, if DISR is required to respond to a resolution of the Parliament or order of a court. The confidentiality of information provided to DISR under its programs is protected by the relevant provisions and penalties of the *Public Service Act 1999*, the *Public Service Regulations*, the *Privacy Act 1988*, and the *Crimes Act 1914* as well as the common law.

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**Part 1 - Applicant Information**

**1 Australian Business Number (ABN)**

**2 Australian Company Number (ACN)**  
*(if applicable)*

**3 Australian Registered Body Number (ARBN)**  
*(if applicable)*

**4 Name of applicant**

If individual or sole trader

Given name/s

Family name (surname)

If company or other entity

Legal/Registered name

Trading name/s

*(if different to applicant name)*

**5 Head Office street address**

<input type="text"/>			
City/Town	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>

**6 Head Office postal address**  
**if different from street address**

<input type="text"/>			
City/Town	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>

**7 Website address (URL)**

**8 What is the [ANZSIC Group Code](#) for your core business**



**9 Ultimate Holding Company**  
*(if applicable)*

**Australian Business Number (ABN) of Ultimate Holding Company**

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### 10 Entity type (Tick ALL that apply)

- Individual or sole trader
- Company
- Body corporate
- Partnership
- Any other unincorporated association or body of persons
- Trustee applying on behalf of a trust
- Other, specify below:

Email address

Postal address if different to Head Office address

City/Town

State

Postcode

### 11 Nominated contact person

Given name/s

Family name (surname)

Position held:

- Chief Executive Officer
- Company Secretary
- Managing Director
- Director
- Principal
- Financial Controller/Accountant
- Partner
- Manager
- Other, specify below:

Office phone number

Mobile phone number

### 12 Date registration requested to take effect from dd/mm/yyyy

### 13 Registration number (if previously registered)

### 14 Where a uniform supplier is acting on behalf of the applicant (letter of authorisation must be attached), provide the name, company, and contact phone number below:

Supplier name and Company

Office phone number

Email address

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## Part 2 - Uniforms

The total number of colours or shades (including black and white) in your complete uniform, must fall within specific limits depending on the number of employees. Refer to paragraph 30 of the [Approved Occupational Clothing Guidelines](#).

Number of employees/contractors (*per class*)

Nature of work of employees/contractors (*per class*)

Where a print is used, attach a colour image.

Where more than one class exists, copy this page and complete for each class.

The uniform **must be a complete outfit** to qualify (a minimum of a full body garment or **both an upper and lower garment**). List all pieces of your uniform as per the example below.

Item	Colour/Print	Location of ID	ID/Logo colour	M	F	Both
Blouse, shirt	White	Left hand side	Navy		✓	
T-Shirt	Red with yellow	Left hand side	Navy	✓		
Trousers	Navy, green	Rear pocket	White			✓

List all pieces of your uniform below:

Item	Colour/Print	Location of ID	ID/Logo colour	M	F	Both

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### IDENTIFIER/LOGO

You **must** have an identifier (company logo, name, initials etc.) affixed to each piece of clothing or the uniform must be made of material which contains the identifier i.e., a pattern.

Attach an image of the identifier and indicate its size in the space provided below. If the size of the identifier differs for upper and inner garments, you must indicate the size of each.

**Size of identifier on clothing in centimeters. For example, 3cm x 2cm.**

**Size of identifier on accessories**

**Method used to affix identifier to Uniform**

*(Must be permanent e.g., embroidery, print, sew on badges, heat seal)*

### Part 3 – Franchisor and Holding Companies ONLY

*(If not relevant, proceed to Part 4)*

If franchised units or subsidiary companies wish to register a uniform on a single application, all the franchised units or subsidiary companies must use identical occupational clothing. Provide a detailed list of these entities with this application. Each entity must also sign a declaration at Part 5.

How many franchised units or subsidiary companies are using this identical corporate uniform?

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### Part 4 – Statement of Eligibility

(Franchisor and Holding Companies do not complete Part 4 and should proceed to Part 5)

The section below must be filled out by the Employer to enable the application to be processed.

- I have read the [Approved Occupational Clothing Guidelines](#) and believe that my organisation is eligible to apply for registration of Approved Occupational Clothing. I confirm that the uniform, which is the subject of this application, is a non-compulsory uniform.
- I declare that the design, as detailed above, will be in use for a minimum of three years.
- I declare that the information provided in this application is a true and accurate statement of the intentions and current standing of my organisation.

#### Name of Business/Company

#### Principal business activity

#### Given name/s

#### Family name (surname)

Position held:

- Chief Executive Officer
- Company Secretary
- Managing Director
- Director
- Principal
- Partner
- Manager
- Other, specify below:

#### Signature

#### Date (dd/mm/yyyy)

Email completed applications to: [raoc@industry.gov.au](mailto:raoc@industry.gov.au)

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**Part 5 – Franchisor and Holding Companies ONLY**

**Declaration**

*(Complete a separate form for each entity)*

**Franchisee/Subsidiary**

**Australian Business Number (ABN)**

**Australian Company Number (ACN)**

**Office telephone number**

**Mobile phone number**

**Email address**

**Head Office street address**

<input type="text"/>			
City/Town	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>

**Head Office postal address if different from street address**

<input type="text"/>			
<input type="text"/>			
City/Town	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>

**Number of employees/contractors (per class)**

**Nature of work of employees/contractors (per class)**

**Date registration requested to take effect from**  
dd/mm/yyyy

**Registration number (if previously registered)**

I declare that this franchised unit/subsidiary utilises an identical non-compulsory uniform as registered under the Registration Number (if known) by the organisation named below and request that this franchised unit/subsidiary be included as part of that registration.

**Given name/s**

**Family name (surname)**

**Registration number**

**Franchisor's Company Name**

**Signature**

**Date (dd/mm/yyyy)**