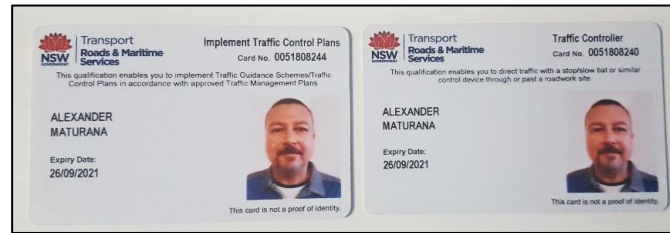


## RMS Photo Card Renewal Process



A person is eligible to renew their NSW RMS Photo Card for Traffic Controller and/or Implement Traffic Control Plans if their Photo Cards were issued after 1st July 2015 under the updated competency framework (refer to above pictures). RMS photo cards have a 3-year expiry date.

The renewal process is the same for Traffic Controller and Implement Traffic Control Plans and has been created for those who are maintaining currency within the traffic control industry.

If you are eligible to the Renewal Application Form to renew your Photo Cards, please contact the office to arrange for your renewal process on **02 4262 7072**:

Option 1 - Completing a renewal application form.

Option 2 - Completing a refresher training

| <p><b><u>Option 1 - Renewal Application Form</u></b> –No Training required</p>  | <p><b><u>Option 2 - Renewal Application Training</u></b><br/>Refresher training required (½ day per ticket)</p>   |
|---|---|
| <p>\$125 / photo card or \$190 for both photo cards</p>   | <p>\$220 / photo card or \$400 for both photo cards</p>   |
| <p>To be eligible for this option you must be an experienced and competent traffic control professional and must be able to produce the following:</p> <ul style="list-style-type: none"> <li>• RMS Photo Cards issued after 1st July 2015 (as shown above)</li> <li>• Photo Cards must be current or very recently expired within the last 3 months</li> <li>• Must complete the renewal form and provide written details of 6 actual traffic control jobs you have worked on in the last 12 months</li> <li>• Provide a signed employer declaration</li> </ul> <p><b>Note:</b> If you are unable to fully meet these requirements, then you must select Option 2 – Refresher Training</p> | <p>This option suits casual traffic controllers or those individuals that do not undertake traffic control activities on a daily basis and cannot produce the appropriate evidence as outline in Option 1.</p> <p>To be eligible for this option you must be able to produce the following:</p> <ul style="list-style-type: none"> <li>• RMS Photo Cards issued after 1st July 2015</li> <li>• Photo Cards must be current or very recently expired within the last 3 months</li> </ul> <p>Attend half day refresher training that includes theory and practical activities</p> |
| <p><b><u>Note:</u> If you are not able to satisfy the requirements of Option 1 or 2 you will need to attend a Face to face training again</b></p>   |   |

## Instructions to the applicant when completing the Renewal Application form

The following will need to be completed by you for eligibility of your renewal application form:

All fields in the RMS Renewal Application form must be completed.

To demonstrate your currency in the Industry, you will need to complete an authentic record of 6 actual Traffic Control jobs and/or 6 Implement Traffic Control Plan shifts you have undertaken in the past 12 months. This will include the location of the works, a detailed description on the nature of the job and the client you worked for. Your employer (PCBU) will need to sign Section 5: Employer Declaration. All evidence will be assessed by one of Accelerated Training approved RMS Assessor.

To lodge your application, please submit your completed application form and any required documentation by email to [tc@acceleratedtraining.com.au](mailto:tc@acceleratedtraining.com.au) with the subject labelled as:

|      |         |  |
|------|---------|--|
| Send | To...   | <a href="mailto:tc@acceleratedtraining.com.au">tc@acceleratedtraining.com.au</a> |
|      | Cc...   |  |
|      | Subject | Renewal - e.g John Smith   |
|      |         |  |

- **Renewal – your first name & last name** (refer below)

If you do not label this as the subject, your Renewal Application form may be re-directed and could be delayed in the processing.

**A current photo** is significant to supporting your Renewal Application form and applying for your new photocard. The photo you provide must be a clear focused image of good quality and less than 3 months old. The photo should include your shoulders to the top of your forehead looking directly at the camera and not tilted in any direction. A plain white or light background is crucial. Images with glasses, hats or any other items obstructing your face **will not be accepted** by the Roads and Maritime Services.



Payment will be required before we are able to process your Renewal Application Form. Upon submission of your Renewal Application form, supporting documents and payment, it can take from **4 – 6 weeks** for your application to be processed with the Roads & Maritime Services.

**Note:** If you have submitted your application but believe your current tickets may expire before the new tickets arrive, **you must contact the office as soon as reasonably practicable on (02) 42627072** so we can issue you temporary certification. This is your responsibility!!!!

### Before sending your application form, please confirm the following:

| I the applicant declare and agree to the following information |  |                             |  |                    |
|--|--|-----------------------------|--|--------------------|
| <input type="checkbox"/>                                       | I have attached my Renewal Application form that is complete with all mandatory fields filled out  |                             |  |                    |
| <input type="checkbox"/>                                       | I have attached a recent, good quality, clear image of my face from the shoulders and above with a plain white background                        |                             |  |                    |
| <input type="checkbox"/>                                       | I have provided copies of my current or recently expired (within the last 3 months) photo cards  |                             |  |                    |
| <input type="checkbox"/>                                       | I have provided a copy of my current Driver Licence or relevant ID   |                             |  |                    |
| <input type="checkbox"/>                                       | I understand that it may take up to 4-6 weeks for my application to be processed by the Roads & Maritime Services as well as issuing my card     |                             |  |                    |
| <input type="checkbox"/>                                       | I acknowledge that it is my responsibility to make contact with Accelerated Training if I require temporary Statement of Completion certificates |                             |  |                    |
| <input type="checkbox"/>                                       | I understand that my application will not be processed until I have made full payment on the ticket/s I am renewing                              |                             |  |                    |
| <input type="checkbox"/>                                       | I acknowledge that if I fail to provide all of the information required for my Renewal Application, it could delay my application                |                             |  |                    |
| <input type="checkbox"/>                                       | I am lodging this application with the knowledge and understanding of everything listed above  |                             |  |                    |
| <b>Applicant Name</b>  |  | <b>Applicant Signature:</b> |  | <b>Date</b><br>/ / |



Accelerated Training

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W [www.acceleratedtraining.com.au](http://www.acceleratedtraining.com.au)

# Renewal Photocard Application

## Traffic Controller/Implement Traffic Control Plans

This form is to apply for a renewal of a **current** (or recently expired within 3 months) Traffic Control or Implement Traffic Control Plans Photo Card & must be signed by the Applicant and Employer

### 1. APPLICANT DETAILS

Please submit all completed forms to [tc@acceleratedtraining.com.au](mailto:tc@acceleratedtraining.com.au)

Title

Sex

Male

Female

Family/Surname

Given Name

Middle/Other Name

Date of Birth (DD/MM/YYYY)

Contact Number

E-mail Address

RESIDENTIAL ADDRESS (Must be an address. PO Box, Locked Bag etc not acceptable)

Street number and name

Suburb

State

Post Code

POSTAL ADDRESS (if different from above)

Street Name / PO Box / GPO Box / Locked Bag / Private Bag

Suburb

State

Post Code

## 2. CARD DETAILS

Which card(s) do you require to be renewed? *(A copy of your current (or recently expired within 3 months) card will need to be provided)*

*(Tick as required)*

### Traffic Controller (TC)

### Implement Traffic Control Plans (ITCP)

TC Card Number

Expiry Date

ITCP Card Number

Expiry Date

---

## 3. DETAILS OF INDUSTRY CURRENCY (this section is to be completed by the applicant)

**Traffic Controller:** In this section you are required to provide details on at least six (6) x traffic controller occurrences that has occurred within the past 12 months. Please also sign the declaration (part 4) and ensure that your employer signs the employer declaration (part 5)

### OCCURRENCE 1

| Date | Name of person conducting a business or undertaking (PCBU) | Location |
|------|--|----------|
|------|--|----------|

Project Description

---

### OCCURRENCE 2

| Date | Name of PCBU | Location |
|------|--------------|----------|
|------|--------------|----------|

Project Description

---

### OCCURRENCE 3

| Date | Name of PCBU | Location |
|------|--------------|----------|
|------|--------------|----------|

Project Description

**OCCURRENCE 4**

Date                                      Name of PCBU                                      Location

Project Description

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**OCCURRENCE 5**

Date                                      Name of PCBU                                      Location

Project Description

---

**OCCURRENCE 6**

Date                                      Name of PCBU                                      Location

Project Description

---

**NOTE: If you are unable to provide adequate detail above of your traffic control experience, you will be required to complete refresher training for each course with an approved training provider.**

**Implement Traffic Control Plans:** In this section you are required to provide details on at least six (6) x implement traffic control plans occurrences that has occurred within the past 12 months. The plans must have been implemented, monitored and traffic control devices closed down by the applicant. Please also sign the declaration (part 4) and ensure that your employer signs the employer declaration(part 5)

**OCCURRENCE 1**

Date                                      Name of PCBU                                      Location

Project Description

-----  
**OCCURRENCE 2**

Date                                      Name of PCBU                                      Location

Project Description

-----  
**OCCURRENCE 3**

Date                                      Name of PCBU                                      Location

Project Description

**OCCURRENCE 4**

Date                                      Name of PCBU                                      Location

Project Description

---

**OCCURRENCE 5**

Date                                      Name of PCBU                                      Location

Project Description

---

**OCCURRENCE 6**

Date                                      Name of PCBU                                      Location

Project Description

---

**NOTE: If you are unable to provide adequate detail above of your traffic control experience, you will be required to complete refresher training for each course with an approved training provider.**

#### 4. APPLICANT DECLARATION

**NOTE: False statements can result in substantial penalties.**

By signing this form, I the applicant recorded in section 1 of this form, declare that:

- To the best of my knowledge, the information contained in this application is true and correct in every particular.
- I have presented my current (or recently expired within 3 months) traffic control photocard.
- I have maintained competency to carry out the traffic control duties I am qualified for, as per section 3 of this application.
- I am aware that under 307A of the Crimes Act 1900 it is an offence to provide false, misleading or deficient information in or in connection with this application and that penalties may apply.
- To the best of my knowledge, I do not have any illness or incapacity that affects my ability to do the work for the qualification which is the subject of this application.
- If after obtaining my photocard, I develop any illness or incapacity which may affect my ability to do the work for any qualification I hold, I will cease to do the work and will advise Roads and Maritime Services Traffic Control Unit immediately.
- I am aware that the information and evidence provided in this application may be checked for authenticity and validity. This may include (but is not limited to):
  - Contacting me regarding any matter relating to this application, including validating my competency to carry out traffic controller and/or implement traffic control plans work.
  - Contacting the person with the management and control (PCBU) as recorded in section 5 of this application

If you understand and agree to the Privacy Statement and Declaration, please sign and date below.

Applicants Signature

Date

Witness

Date

Note: The person completing section 5 of this form must witness the applicants signature.

---

#### 5. EMPLOYER DECLARATION

This declaration must be completed by a person with management or control of a workplace (PCBU) where traffic control work is carried out and where the applicant in section 1 is currently/or was previously, a worker.

I

*(Name of PCBU)*

as the PCBU of a workplace where traffic control work is carried out and where the applicant is/was a worker, declare that

*(Name of Applicant)*

has delivered traffic controller and/or implement traffic control plans work as detailed in section 3 of this form, for

*(Name of PCBU)*



By signing this form, I declare that:

- To the best of my knowledge, the information contained in this application is true and correct in every particular.
- I have witnessed the applicant signing the above declaration in section 4.
- I have witnessed the applicant conducting traffic controller and/or implement traffic control plans work at the work site(s) named on this form.
- I am aware that under 307A the Crimes Act 1900 it is an offence to provide false, misleading or deficient information in this application.
- I am aware that Roads and Maritime Services or their approved training provider, may use the information provided in this form for the purposes of:
  - i. validating that the details supplied in this application are correct
  - ii. verifying the applicant's competency to carry out the work for traffic controller and/or implement traffic control plans
- I consent to Roads and Maritime Services or their approved training provider contacting me for purposes including:
  - i. validating that the details I have provided in this form are correct
  - ii. verifying that I have witnessed the applicant performing traffic controller and/or implement traffic control plans work in a competent manner

(Note: If the applicant is self-employed, then the applicant will be required to provide a separate statutory declaration supporting status, including ABN number)

Signature

Date

Full name of person with management or control of a workplace where the traffic control work was conducted

Name of PCBU

Address of PCBU

Contact Number

Email Address

---

## 6. LODGING THIS FORM

- You must lodge this form in its entirety in person at an RMS Approved Training Provider.
- Provide your current (or recently expired within 3 months) photocards.
- The approved training provider will obtain a current photograph.
- A fee is payable to the approved training provider.

**NOTE: Service NSW is not equipped to process these applications.**

## 7. ATP CHECKLIST (Administration only)

Please tick if the below has been checked, verified and completed

- Application form (this form) completed
- Current (recently expired within 3 months) photocards presented
- Industry Currency section completed
- Applicant signed declaration
- Employer signed declaration
- Applicants Photograph taken
- Statement of Completion issued
- Details uploaded into Gateway System

Please tick if the applicant is an RMS employee

General Comments

Trainer/Assessor Comments

ATP representatives name

ATP representatives signature

ATP number

Date