

Form ASO135

APPLICATION to SUBCONTRACT FUNCTIONS SUBJECT to PERMIT RESTRICTIONS and CONDITIONS

Permit number:

	Ref. No.
Period of effect	
Proposed period of effect: Start date:	Finish date:
Subcontractor's details- → refer to the Explanatory Notes on the reve	erse of this form
Subcontractor's name:	
Address:	
Phone number: Mobile:	Fax number:
Email address:	
About the contract	
List the Permit function(s) being subcontracted:	
Specify the permit conditions for which the subcontractor will carry responsibility:	
Describe how the Permit Holder will ensure the above permit conditions are fully implemented:	
Checklist – tick applicable boxes	
(a) The subcontractor is aware of the restrictions and conditions of the Permit relevant to the subcontractor's work:	NO N/A
(b) The contract includes a signed confidentiality agreementYES	
(c) The contractor has/will undertake security awareness trainingYES	1 NO □ N/A □
(d) The contract includes performance indicatorsYES	NO N/A
	ASNO use only
Applicant's signature, and permit details	Approved:/
Name :	
Position:	
Signature: Date:/	For Director General ASNO

Name of Permit

Holder:



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Explanatory Notes

Ref No...... A sequential reference number is required for each form of this type submitted by the

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details...... Provide additional documentation if space on the form is insufficient.

Applicant's

This form replaces the	I
following form →	

ASO135 (version 1 – issued 27 March 2008)