

Easy Business

Application for Prequalification as an Approved Service Provider

Note to Applicant: Before completing and submitting this Application, the Applicant is to make itself familiar with:

- the Conditions of Application for Prequalification as an Approved Service Provider;
- the Application Deed for Prequalification as an Approved Service Provider; and the Deed of Agreement for the Provision of Easy Business Support Services.

Enquiries and Application and Proposal documents and the Application Deed in Portable Document Format (PDF) are to be emailed to the Contact Officer at:

ASPservices@tmr.qld.gov.au for the attention of **Senior Advisor (Rego Easy)**

To check or uncheck a box, place the cursor over the box and double left click, the “Check Box Form Field Options” will display, then go to “Default Value” and select the required option – “Not checked” or “Checked”.

Applicant Details

Information Required	Details
Name of Applicant:	
<ul style="list-style-type: none"> • <i>if Applicant is a company – specify the full company name;</i> • <i>if Applicant is a trust:</i> <ul style="list-style-type: none"> ○ <i>the full name of the trustee; and</i> ○ <i>the name of the Trust;</i> • <i>if Applicant trades under a business name, specify the registered business name;</i> • <i>if Applicant is an individual or partnership, specify the full name of each individual or partner; or</i> • <i>if Applicant is a public sector agency – specify the full agency name.</i> 	
Applicant's Australian Company Number (ACN) (if applicable)	
Applicant's active Australian Business Number (ABN)	OR if no ABN – have you attached a ‘Statement by a supplier – Reason for not quoting an Australian Business Number (ABN) to an enterprise’ form to this Application? Yes <input type="checkbox"/> No <input type="checkbox"/>
Applicant's registered Business Number (BN) (if applicable)	
State or Territory in which Business or Corporation is registered (^)	
Name of Holding Company / Corporate Group (if applicable)	
Is the Offeror registered for GST?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Postal Address	
Street Address (registered office address of the Applicant)	

Contact Name:	
Contact Phone:	
Contact E-mail:	
Contact Fax:	
Is it proposed to sub-contract any part of the Services? If "YES" , please specify full name and address of each sub-contractor and their relevant experience and expertise in relation to the offered Services.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are Notices relating to this Application to be directed to the above Contact Name and details? If 'NO' , please insert alternative details	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any part of this Application of substantial concern to the Applicant, if released under the <i>Right to Information Act 2009 (Qld)</i> ? If "YES" , please specify the component of your Application and which of the following categories it relates to: Note: This information is being sought for the purposes of applying any relevant exemptions that might be available under the <i>Right to Information Act 2009 (Qld)</i> . However, the State can give no guarantee to the Applicant that the information will be protected from disclosure under the <i>Right to Information Act. 2009 (Qld)</i> .	<p style="margin-left: 20px;">Specify the component of your Application:</p> <p style="margin-left: 20px;">Please specify which of the following categories is applicable to the above component:</p> <p>Trade Secret: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Commercial value: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Results of research: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Confidential nature: Yes <input type="checkbox"/> No <input type="checkbox"/></p>

(^) If an Applicant is an individual then the relevant section identified by (^) will **not** be applicable.

Application Questions

The Applicant is required to respond to each of the following questions, in detail.

The Applicant is to submit a proposal document (as a PDF) responding to each of the questions, in order, as they appear below. The items in brackets after each question are for guidance only and the Applicant may or may not limit its response to these items.

Knowledge of the Vehicle Registration Scheme – Easy Business service option or similar online registration services (purpose, participants, potential participants, structure)

Experience and/or involvement in the motor vehicle industry and/or registration business (history of the Applicant's company in the industry, any Easy Business, Easy Plates, Easy Pay history, experience of key personnel)

Company profile (company structure – parent, subsidiary, joint venture etc., key personnel, ISO or industry accreditations or certifications, client base, growth history, products, innovations)

Technical expertise and capability (current qualifications, certificates and/or skill-sets required to deliver the technical requirements specified in the Deed of Agreement and/or proposal to fill gaps in expertise and capability when required, previous or current commercial arrangements relevant to the provision of Easy Business Support Services or similar online registration services, any proposed subcontracting)

Business plan to cover the Transition In Period and the balance of the agreement term (resourcing/recruitment plan, customer acquisition plan and forecasts, marketing and communication plan, financial plan and forecasts including viability and sustainability during the Transition In Period, risk analysis, objectives, business model)

Systems integration plan to cover the Transition In Period (overview of functions and software products into which the Access Services will be integrated, plan for integrating the Access Services into the software to be used by Easy Business Customers)

Policies, Procedures and Standards (treatment of complaints, personal information, service standards, quality management systems)

Referees

Referees (*) (The Applicant is to provide below, names and contact details of referees who will support claims made in this Application and must include if applicable, as a mandatory requirement, referees for all current or recent arrangements with the Queensland Government)

Reference Sites

Reference Sites (*) (The Applicant is to provide below, names and details of contacts for at least two reference sites for relevant software and/or services currently or previously provided by the Applicant. These contacts may be required to support claims made in this Application as to the capabilities of the Applicant to deliver the required technology and Easy Business Support Services as defined in the Deed of Agreement (Approved Service Provider)

() By submitting this Application, the Applicant authorises the Department to contact the nominated persons or organisations without prior notification to the Applicant.*

Applicant Insurances

The Applicant is to provide details of the insurances outlined below. The Applicants may be required to provide a Certificate of Currency for these insurances.

Please refer to clause 8 of the Conditions of Application before completing this section which contains further information regarding insurance requirements.

If, at the time of submitting this Application, the Applicant does not hold the required insurances or for the required amounts, the words "Will comply if offered an Agreement" are to be inserted into the Policy Number Details field for each relevant insurance.

Worker's Compensation Insurance (*):

Information Required	Details
Policy Number:	
Name of Insurer:	
Named Insured:	
Expiry Date of the policy:	
Specify any exclusions and deductibles to the policy:	

() If applicable*

Public Liability Insurance:

Sum to be insured: \$10 million minimum in respect of any one claim

Information Required	Details
Policy Number:	
Name of Insurer:	
Named Insured:	
Sum Insured:	
Expiry Date of the policy:	
Specify any exclusions and deductibles to the policy:	

Professional Indemnity Insurance:

Sum to be insured: \$5 million minimum in respect of any one claim

Information Required	Details
Policy Number:	
Name of Insurer:	
Named Insured:	
Sum Insured:	
Expiry Date of the policy:	
Specify any exclusions and deductibles to the policy:	

Additional Provisions

Any proposed variations or departures to the Conditions of Application or Deed of Agreement that the Applicant requires must be identified and described in detail below. These Additional Provisions form part of the evaluation criteria for the Application.

Parts	Clause Number	Variations/Departures
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Conditions of Application

Deed of Agreement

Declaration of Interest and Possible Influences

In submitting an Application, the Applicant warrants that to the best of its knowledge and belief and subject to any disclosures detailed below:

- (a) no family, business or pecuniary relationships exist between the Parties to this Application Process that would adversely impact on this Application or any Agreement arising as a result of this Application Process;
- (b) neither the Applicant nor its officers or employees have:
 - (i) engaged in any unethical behaviour or sought and/or obtained an unfair advantage; or
 - (ii) received or will receive any pecuniary or in-kind advantage from any other Applicant, in relation to this Invitation Process;
- (c) no officer, employee, contractor or family member associated with the Applicant is or has been engaged by the State in a position or role that in any way relates back to this Application;
- (d) no officer, employee, contractor or family member associated with the State has been offered any benefit or inducement associated with this Application, including any offer relating to employment; and
- (e) other than specified below, neither the Applicant nor any of its officers or employees have or are likely to have any Conflict of Interest.

The Applicant further undertakes to notify the State via the Contact Officer in writing immediately if any warranty contained in this Declaration becomes incorrect.

The following information is disclosed for the purposes of this Declaration. Applicants must supply details of any possible conflict of interest that exists or may arise in relation to the making and/or acceptance of their Application.

If there is nothing to declare, Applicants must insert "None".

Privacy Statement

The State is collecting Personal Information from the Applicant for the purpose of administrating this Application and any future relationship between the State and the Applicant in relation to the provision of Easy Business Support Services. This Personal Information may be shared with Queensland Government departments or agencies, Queensland Government Bodies, Non-Government Organisations and/or Commonwealth, States or Territories for the purpose of administrating this Application Process. Personal Information will not be disclosed to any other third party without consent of the Applicant, except where authorised or required by law.

Applicant Signature

By submitting this Application, the Applicant acknowledges that:

1. it has read the Conditions of Application and Deed of Agreement and satisfied itself in all respects about those documents and the application process; and
2. no legal or equitable relationship will exist between the Applicant and the State as a result of this Application.

If execution is under a power of attorney, a copy of the power of attorney must be attached to the Application

Applicant (company)

Signed for and on behalf of)
)
)
 [insert Applicant's name])
)
)
 [insert Applicant's ACN])
)
)
 [insert Applicant's ABN])
in accordance with s.127 of the Corporations Act)
2001 (Cth))
)
 this day of)
 2.....)
 by)
)
 (signature of Director)
 [insert full name of Director])
)
)
 (signature of Director/Secretary)
 [insert full name of Director/Secretary]

OR

Applicant (individual or partnership)

Signed by)
)
)
 [insert Applicant's name])
)
)
 [insert Applicant's ABN])
)
 this day of)
 2.....)
 by)
)
)
 ...)
 (signature of Applicant)
 [insert full name of Applicant])
 in the presence of)
)
)
)
 [insert full name of witness] (signature of witness)

Application Checklist

This checklist is designed to assist Applicants in completing Applications and identifies some common omissions. Before submitting an Application, the Applicant should complete the checklist below.

Completion of this checklist does not guarantee that all requirements of the Conditions of Application have been met. Please refer to the Conditions of Application to ensure that the Application meets all requirements.

1. The Application is completed in English
2. All alterations to the Application have been initialled by the Applicant
3. An ABN has been quoted or a completed 'Statement by a supplier – Reason for not quoting an Australian Business Number (ABN) to an enterprise' is attached
4. All questions and required information have been answered or completed
5. A proposal document is attached responding to the Applicant Questions on page 3
6. A signed Application Deed is attached to this Application
7. The Application has been properly signed by the Applicant
8. The Application will be sent in PDF by email to the Contact Officer
9. The Application will be received within the Application Period