ERGOSH
Safety Management Services Pty Ltd
ABN 14 081 821 552

2-DAY COURSE IN THE TRANSPORT OF DANGEROUS GOODS BY ROAD: BULK DANGEROUS GOODS LICENCE / LICENCE REFRESHER TRAINING - ADG 7

Nationally Accredited Training

When

Mon 29th & Tue 30th March, 2010

8.00am to 5.00pm

Where

ERGOSH
Unit 2/75 River Street
Richmond 3121

(Melways: 2H G6)

On-site training is available on request

Registration Fee

$355 (Includes GST)

Includes course notes, lunch, morning and afternoon tea

NOTE: Please inform ERGOSH regarding special dietary requirements

Registration

ERGOSH
Unit 2/75 River Street
Richmond 3121

Phone: (03) 9427 7122
Fax: (03) 9427 0311

Course Presenter

John Godfrey
DipAppSc(OHS)

20 years experience as a Dangerous Goods Advisor

Introduction:
Participation in this course is required to obtain a licence to transport bulk dangerous goods by road. This course is approved to cover ADG7 and will enable participants to obtain or renew a licence valid for **5 years**. A certificate will be issued on successful completion of the course. Note WorkSafe Victoria now mandate that licence refresher training must be a 2-day course.

The topics covered include:

Australian Dangerous Goods Code 7	Dangerous Goods Classes 2-9
HAZCHEM System	Emergency Procedures
Victoria DG (Transport) Regulations	Static Electricity Hazard
Correctly Marking Vehicles	Emergency Information Panels

Who should attend?:
Any person who needs to obtain a licence to transport Dangerous Goods or undertake a licence refresher course. Also, any person who needs to update their knowledge from ADG6 to the newly introduced ADG7, or who works in the transport and storage industry and who handles or stores Dangerous Goods.

Enquiries regarding this course may be directed to Yan Guo on (03) 9427 7122.

Please post this registration form and cheque made payable to ERGOSH to:
ERGOSH, Unit 2/75 River Street, Richmond 3121
or fax this registration form to (03) 9427 0311

Registration Details for ADG7 Licence / Licence Refresher Course

Course Date: _____ / _____ / 2010

Company Name: _____

Contact Person: _____ **Title:** _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Payment Method: **Cheque** ☐ **Invoice Us** ☐ **Purchase Order** ☐ **PO No** _____

MasterCard ☐ **Visa** ☐ **Expiry Date** ___/___/___

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Cardholder Name: _____ **Signature:** _____

Attendee Surname	First Name	Title/Position	Phone Contact	Course Fee
				$355
			Total Cost (GST inclusive) $	