

## CONTRACTOR DIRECTORY LISTING

Name:			
Company name:			
Address:			
State:		Postcode:	
Office phone number:		Mobile:	
Region:			
Email:			
Website:			
ABN:			

Do you have automotive experience (yes or no)?		How many years' experience?	
Do you have flat glass experience (yes or no)?		How many years' experience?	
Commercial, residential or both?			
Days of the week you're willing to work:			
Hours of the day you're willing to work:			
KMs you're willing to travel for work:			
Are you a current WFAANZ member?			

Experience in film types	Please tick		Years' experience	Comments
	Yes	No		
Solar control				
Low E				
Security and safety				
Decorative				
External film				
Signage				
Automotive film				
PPF				
Vinyl wrapping				

Please tick the box if you have:

Passed the Flat Glass exam	WERS For Film accreditation*	EWP boom lift licence	Driver's licence	White card	Business insurance	Work safely at heights course	Other**
----------------------------	------------------------------	-----------------------	------------------	------------	--------------------	-------------------------------	---------

*Please provide WERS For Film licence number:	
**Please provide details:	
Reference 1 (optional), name and contact number:	
Reference 2 (optional):	

Email completed form to [info@wfaanz.org.au](mailto:info@wfaanz.org.au) for your free listing on the WFAANZ contractor directory.