

CICM SAFE ROAD AWARD 2022

SPONSORED BY:



APPLICATION FORM

A. COMPANY DETAILS

Company Name : _____

Name of Chief Executive Officer / Managing Director : _____

Contact Point for Enquiries & Assessment:

No.	Name	Email Address
1.	_____	_____
2.	_____	_____

Address : _____

Tel No : _____

Fax No : _____

Website : _____

Headquarters' Address & Contact Details

Address : _____

Tel No : _____

B. OTHER COMPANY DETAILS

B1. Quality / OSH / Environmental / Transport Management System Certifications:

Type	Certification Body	Scope	Registration No	Expiry Date

(Note: please provide as separate attachment if the space is not sufficient)

B2. Operations Overview:

What are the products transported?:	
Years of Operation:	
Location of Sites and Depot (related to chemical operations): (Note: please provide as separate attachment if the space is not sufficient)	
Total Fleet Strength (company & sub-contractor):	
Total Drivers (company & sub-contractor):	

B3. Company Profile:

Please provide a brief write-up of your company in 150-200 words together with the soft copy of your company logo (in Adobe Illustrator (AI) and JPEG formats). This will be used for the Chemical Industry Dinner booklet and other publicity activities related to the Award.

☐ Yes, submitted together with this application form (please tick (✓) if applicable)

C. PARTICIPATION IN THE CICM SAFE ROAD AWARD 2022

Our company will be participating in the CICM Safe Road Award 2022. We would like to confirm that our company is (please tick (✓) whichever applicable):

- ☐ A CICM member
☐ A Responsible Care signatory
☐ Transporter of a CICM member and / or Responsible Care signatory company.

(Please indicate) The said company is: _____

D. DECLARATION

- I / We hereby declare that during the period of assessment (please tick (✓)):
☐ There were **NO** fatality cases and / or penalties imposed and / or licenses suspended by Government authorities (concerning transportation safety) against our company during the period of assessment i.e. January 2022 – December 2022.

- I / We hereby declare that the information provided in the application and the accompanying documents are true and correct.

.....
**Signature of Chief Executive Officer /
 Managing Director**

.....
Date

.....
Name in Block Letters

.....
Organisation Stamp

Notes:

1. Companies are required to submit this application form and the Award checklist in hard copies, while the required supporting documents in soft copies.
2. An invoice will be issued by CICM to facilitate payment of the participation fee either online transfer or cheque

E. CICM ASSESSMENT (to be completed by CICM Assessors & Secretariat)

Assessment Team:

Lead Assessor:

Name:	
Company:	
Phone / Mobile No:	
Email:	

Other Assessors:

1. Name	
2. Name	

Record of Participating Company:

	Date	Remarks
Submission of Award Checklist		
Submission of Supporting Documents		
Submission of Company Profile		
Documentation Review		
Site Verification		
Participation in Past Safe Road Award		