# HANDOVER CERTIFICATE

**ELEVATE ACCESS SOLUTIONS** ABN 88 679 128 931

**TEL: (08) 9451 9400** **Hire Agreement**

**No.....**

DATE TIME

CLIENT

SITE ADDRESS

SCAFFOLD LOCATION

TYPE OF SCAFFOLD

NUMBER OF WORKING PLATFORMS

DUTY CATEGORY (PLEASE CIRCLE)

LIGHT MEDIUM HEAVY SPECIAL

OTHER

SCAFFOLD HEIGHT

SCAFFOLD LENGTH

TYPE OF ACCESS (PLEASE CIRCLE)

LADDER STAIR RAMP OTHER

QUOTATION/APPROVAL/DRAWING REFERENCE

NAME OF SCAFFOLDER

SIGNATURE OF SCAFFOLDER

CLIENT SIGNATURE

30 DAY CHECK

DATE SIGN

IT IS AN OFFENCE TO REMOVE/ALTER THIS CARD WITHOUT AUTHORITY OF ELEVATE ACCESS SOLUTIONS

**THIS SCAFFOLD MUST ONLY BE ERECTED, ALTERED OR DISMANTLED BY A LICENSED SCAFFOLDER**