



Section 184 license application form

This form is to be completed by a contractor wishing to construct a domestic vehicular access on the Public Highway.

Please return completed form by email to: highways.transport@bracknell-forest.gov.uk

Or by post to:

Highways & Transport Admin
Time Square
Market Street
Bracknell
Berkshire
RG12 1JD

Work by your contractor must not be started before you have received approval from Bracknell Forest Council's Highway Engineering team. Once you have received your Section 184 licence you will need to apply for a permit for the road space through the Highway Network Management team by visiting <https://www.bracknell-forest.gov.uk/roads-parking-and-transport/roads/roads-and-street-works-licences/street-works-permit-scheme/about-permit-scheme>

1. DETAILS OF SITE

Client Name:

Site Address:

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Post Code:

2. DETAILS OF CONTRACTOR

Name:.....

Address & Postcode:.....

Daytime Tel. No. Out of Hours Tel.No.....

3. INDEMNITY AND INSURANCE COVER (TO BE COMPLETED BY CONTRACTOR)

I hereby undertake to indemnify Bracknell Forest Council against any claims out of or by reason of anything done or omitted to be done in respect of works executed or commenced in or upon the highway or any part thereof pursuant to this application. For this purpose, I will maintain an insurance policy to cover any liability up to £5,000,000 for any such claim and to produce the policy to the Council upon demand together with the receipt for the last premium. I also agree to be responsible for any defect which should occur to the works executed for a period of 2 years.

Name of Insurance Company.....

Policy Number

A copy of your Insurance Certificate must be supplied and attached with this form.

4. STREET WORKS QUALIFICATION REGISTER

A copy of evidence of your Employee’s Street Works Qualifications Register accreditation at Supervisors level must be supplied and attached with this form.

I hereby apply for permission to construct the vehicular access as described above. I have read the Notes for Guidance which I accept.

Signed.....Block Capitals.....

Position in CompanyDate

FOR OFFICE USE ONLY

Public Liability Insurance	Street Works Accreditation	Agreement Signature
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