

For a change of **ownership** use an "Application for Appointment of an Authorised Inspection Scheme Station Form".

For a change of **location** of the AIS station use "Application for Change of Address Form."

For a change to the **class of vehicle** to be inspected use an "Application for Appointment of an Authorised Inspection Station Form".

### 1. Business details

Trading name (*The name your station trades as*)

AIS number

Business address

*(Include street, street number, suburb/town and postcode)*

Postcode

Business telephone

Fax number

Email address

### 2. Details of changes

*(Place a tick in the appropriate box where changes are required and provide details in the box below.)*

**Changes to AIS trading name**

*If there is a change in the AIS trading name a copy of the motor vehicle repairer's licence showing the new details must be attached.*

**Changes to the nominee or alternative nominee**

*(With changes to nominees, alternative nominees please advise if change is addition or deletion. If addition, please advise what relationship you are adding eg John Citizen E00001 Alt Nominee.)*

**Changes to examiners**

*Provide examiner number with examiner name eg Add John Citizen E00001 or remove John Citizen E00001.*

**Change to the premises used for inspections**

*Give as much details as possible regarding the changes. If the AIS has moved address complete an AIS - Application for Change of Address.*

**Changes to the brake test road**

*An Application for Police Approval AIS - to conduct brake test on public road form also needs to be completed and attached - Police permission **MUST** be signed by NSW Police.*

### Details of change


### 3. Declaration

I understand that I must supply the information requested in this form in accordance with the Business Rules for the Authorised Inspection Scheme (AIS) and that failure to supply full details, relevant documentation and sign this declaration can result in the application not proceeding. I declare that the information supplied in this application is true and complete. I understand that if any information I have given is found to be false, that my accreditation may be cancelled or revoked.

Surname

Given names *(all names are required)*

Signature

Date

/  /   
day / month / year

#### 4. Personal Information Collection Notice

Transport for NSW is committed to protecting your privacy and ensuring your personal and health information is managed according to law.

Find out why we collect your personal information, including how we use and manage it, by reading our privacy statement at "<http://www.transport.nsw.gov.au/privacy-statement>" [www.transport.nsw.gov.au/privacy-statement](http://www.transport.nsw.gov.au/privacy-statement) or phone 13 22 13 to request a copy.

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**Please return this completed form to:**

Administration & Accreditation

PO Box 122, Glen Innes NSW 2370

**T** 1300 79 11 86 | **E** [ais@transport.nsw.gov.au](mailto:ais@transport.nsw.gov.au)