

AIS – Application for AUVIS Examiner Accreditation (Unregistered Vehicles)

1. Status type

What status type are you applying for?

- | | | | |
|------------|--------------------------|----------------------|--------------------------|
| Director | <input type="checkbox"/> | Proprietor's nominee | <input type="checkbox"/> |
| Partner | <input type="checkbox"/> | Alternative nominee | <input type="checkbox"/> |
| Proprietor | <input type="checkbox"/> | Examiner | <input type="checkbox"/> |

2. Personal details

Examiner number (if applicable)

Surname

Given names (full name is required)

Residential address

Postcode

Mailing address

Postcode

Day time contact number

Email address

Driver licence number

Driver licence class/es (an examiner must not drive a vehicle unless they hold a current driver licence of the appropriate class for that vehicle)

Date of birth

day / month / year

3. AIS details

Current or last AIS number

Trading name

Business address

Postcode

4. Declaration

I accept that submission of this application does not guarantee selection for accreditation as an AUVIS Examiner. 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 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.

I acknowledge that I have read and understood the Business Rules of the AIS and agree to be bound by them.

Signature

Date

day / month / year

5. Privacy Statement

We are collecting your personal information for your application to change details for the Authorised Inspection Scheme and we may retain and use it in connection with managing your participation in the AIS; for vehicle registration including vehicle standards; safety and traffic management; road transportation; and road safety purposes.

Providing this information is voluntary but we may refuse your application unless you do so.

We may disclose your personal information in order to assess your application or verify the information you provide with NSW Police and NSW Fair Trading, and in respect of inquiries about motor accidents, and to other driver licensing and vehicle registration agencies.

You consent to NSW Police and NSW Fair Trading disclosing your personal information to Roads and Maritime in order to verify any details given in your application. If your application is successful, you further consent to NSW Police and NSW Fair Trading disclosing to Roads and Maritime any detail concerning your character or relating to your fitness to maintain your authorisation.

Other than as described in this Statement we will not disclose your personal information without your consent unless authorised by law.

Your personal information will be held by Road and Maritime Services and generally you can contact us at www.rms.nsw.gov.au to access or correct it.

Please return this completed form to:

Enrolment Processing
PO Box 122, Glen Innes NSW 2370

T 1300 79 11 86 | F 1300 79 38 65 | E ais@rms.nsw.gov.au

**UNCLASSIFIED
SENSITIVE: PERSONAL**

How to complete the Application for AUVIS Entity/Examiner Accreditation (Unregistered Vehicles)

Information on how to complete this form

Please answer all questions and provide as much information as possible. Failure to provide all information can result in your application not progressing or being refused. Please complete the form accurately and legibly using block capitals eg JOHN CITIZEN not *John Citizen*.

1. Motor repairer's licence number, e/d

Examiner MUST be at least the holder of a repair classes for Motor / MC / Trailer & Caravan Mechanic. LPG and CNG are optional add ons only.

2. Personal details

Entity number: Entity is defined as an examiner, proprietor, proprietor's nominee or alternative nominee of an Authorised Inspection Scheme (AIS) station.

Insert your Entity number in the box provided if applicable.

Name: Insert your FULL name as indicated on your driver licence and tradesperson or repairer's licence.

Residential address: Please provide your street and/or unit number, street name, suburb/town and your postcode.

eg Unit 2/ 456 Princes Highway
ENGADINE NSW 2233

Mailing address: If your mailing address is different to your residential address, such as a Post Office box, please provide details in the mailing address box. If your postal address is the same as your residential address please put 'As Above' in the postal address box.

eg Unit 2/ 456 Princes Highway
ENGADINE NSW 2233
or
As Above

Day time contact number: Please provide a suitable day time contact number in case information from your application needs to be verified. Preferred numbers are worksite number or a mobile telephone number.

Email address: Please provide a valid email address (if available) eg business.name@internetprovider.com.au This may be used to send out additional information.

Driver licence number: Insert your driver licence number in the box provided. Include all numbers and letters

Date of Birth: In the box provided insert your date of birth. Use the dd/mm/yyyy format. eg 01/01/1900

3. AIS details

This information is required to determine your eligibility for authorisation. You must answer these questions accurately.

Current or last AIS number: Insert the AIS number for the station that you are currently working for or the last AIS that you worked for.

Trading name: Insert the full name of the AIS station whose AIS number you listed in the previous question.

Business Address: Please provide the address of the AIS listed in the previous question. Please provide your street and/or unit number, street name, suburb/town and your postcode.

eg Unit 2/ 456 Princes Highway
ENGADINE NSW 2233

4. Declaration

Ensure you read and understand the declaration fully prior to signing.

Sign in the box provided and insert the date on which the form was signed.

Please return this completed form to:

Enrolment Processing Glen Innes

PO Box 122, Glen Innes NSW 2370

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