

What information do you require? *(Please tick appropriate box)*

- Replacement VIN / Chassis number / Engine number – *(complete section 1, 2, 4 and 5) send to VINS@rms.nsw.gov.au*
- Homemade Light Trailer VIN – *(complete section 1, 3, 4 and 5) send to VINS@rms.nsw.gov.au*
- Homemade Heavy Trailer VIN – *(complete section 1, 3, 4 and 5) send to VINS@rms.nsw.gov.au*
- ICV VIN Request by VSCCS Licensed Certifier – *(complete section 1, 2, 4 and 5) send to VINS@rms.nsw.gov.au*

1. Customer details

Name and address of customer / company

Postcode		

Customer / company

Customer no. / Driver Licence

Contact telephone number

 ()

Email address

Name and address of representative *(if company)*

Postcode		

Representative driver licence no. / customer no.

Registration number

Compliance date

Year model

(if available)

 /

Make / model *(in full - name, letters and/or numbers, variant, colour)*

VIN or chassis (previous VIN or chassis if replacement)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Engine number (previous engine if replacement)

Vehicle inspection report number

Shape code

2. Replacement VIN / Chassis number / Engine number *(please tick appropriate boxes)*

VIN *(VIU Only)*

Chassis number *(VIU Only)*

Engine number *(VIU Only)*

ICV VIN *(VSCCS Licensed Certifier only)*

Sectional repair *(VIU Only)*

Stolen and recovered *(VIU Only)*

Investigated by TfNSW Vehicle Identity Unit

3. Homemade Trailer VIN

Body shape

Year of manufacture

Gross trailer mass

Axle code

Name and address of manufacturer

Postcode		

Tick if trailer has breakaway brakes

Verified homemade trailer

Note: Verification determined by construction method and construction material receipts sighted by AUVIS.

If trailer is not homemade refer trailer to Vehicle Identity Unit as per AIS Rule 221.

4. AIS / VIU / VSCCS details

Postcode		

AIS / VIU / VSCCS number

Examiner's / Certifier no.

Name *(Authorised examiner / VSCCS Licensed Certifier)*

Telephone number

 ()

Email address

5. Declaration

The information on this form is true and correct.

I certify that I have inspected the vehicle described on this form in accordance with the requirements of my Examiner/Certifier's Licence and have determined that the vehicle complies with the applicable vehicle standards or, the particular modification does not cause the vehicle to fail to comply with the applicable vehicle standards.

I understand that providing false or misleading information on this form or certifying a vehicle outside the scope of the authority conferred by my Examiner/Certifier's Licence may render me liable to prosecution and criminal penalties under the *Road Transport (Vehicle Registration) Regulation 2017* and the *Crimes Act 1900*.

I understand that my personal information will be stored. I have a right to access or correct my personal information in accordance with the relevant privacy legislation.

Signature *(Authorised examiner / VSCCS Licensed Certifier)*

Date

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
day		month		year

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