AIS/VSCCS – Vehicle Identification Referral

- This form is to be completed by Authorised Inspection Scheme (AIS) Examiners and VSCCS Certifiers for the referral of vehicles with identification irregularities to Transport for NSW Vehicle Identity Unit. Email the completed form to vehicle.identity@transport.nsw.gov.au

1. Customer details

Surname

Given name(s)

Address

Postcode

Driver Licence number

Contact telephone number

2. Vehicle details

Registration plate number

Inspection report number

VIN chassis/frame number

Engine number

Make and model

Year

Body shape

Colour

3. Area of irregularity *(tick appropriate box/s)*

VIN or chassis/frame number ☐

Engine number ☐

Compliance Plate / Label ☐

Full particulars of irregularity

4. AIS/VSCCS Examiner's details

Examiner's full name

Examiner/Certifier number

AIS Station/VSCCS number

Inspection station name

Address

Postcode

Telephone number

Date day / month / year

Email

Transport for NSW officer details *(TfNSW use only)*

Name

Signature

RMS officer number

Telephone number

Date day / month / year

Investigation results *(TfNSW use only)*

Instructions for AIS examiner/VSCCS Certifier

Transport for NSW, Vehicle Identity Unit
5 Lord Street, Botany NSW 2019
E vehicle.identity@transport.nsw.gov.au **T** 1300 775 676

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