



AIS station name

AIS station number

Proprietor name

Proprietor number

Motor Vehicle Repairers Licence number

Class of licence

I hold the correct Motor Vehicle Repairers Licence class to participate in this trial. (If unsure, please contact NSW Fair Trading)

Yes No

I hold relevant and sufficient insurance to participate in this trial. (If unsure, please seek insurance advice from your insurer/broker)

Yes No

Declaration

I accept that submission of this application does not guarantee selection for participation of the Mobile Safety Check Service.

I understand that I must supply the information requested in this form in accordance with the Supplementary Business Rules for authorised proprietors and examiners for Mobile Safety Check (Pink Slip) and the Business Rules for the Authorised Inspection Station 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, my application may be cancelled or revoked.

I acknowledge that I have read and understood the Supplementary Business Rules for authorised proprietors and examiners for Mobile Safety Check (Pink Slip) and Business Rules of the AIS and agree to be bound by them.

I have the ability and will comply with the requirements of the *Work Health and Safety Act 2011*.

Surname

Given names

Signature

Date

Position/title

Privacy Statement

We are collecting your personal information for your application to participate in the Mobile Safety Check Service. 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, in respect to 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 Transport for NSW 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 Transport for NSW any detail concerning your character or relating to your fitness to maintain your appointment.

Any information you provide as part of the application may be used in order to assess if you meet the suitable character requirements of the Road Transport (Vehicle Registration) Regulation which apply to this service (without limiting the application to other parts of that Regulation).

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 Transport for NSW and you can contact us at www.rms.nsw.gov.au to access or correct it.

Surname

Given names

Signature

Date

Position/title

Please attach to your the Mobile Safety Check Service