

Approved Inspection Station - Additional Inspection Categories Application



Transport Operations (Road Use Management) Act 1995

Premises details (use BLOCK letters)

AIS number

Please indicate the additional class/es applied for as an Approved Inspection Station to issue Safety Certificates/Certificates of Inspection.

- | | |
|--|---|
| <input type="checkbox"/> Motorbikes | <input type="checkbox"/> Trailers/Caravans over .75 t up to 3.5 t ATM |
| <input type="checkbox"/> Light vehicles up to 4.5 t RGVM | <input type="checkbox"/> Trailers over 3.5 t up to 10 t ATM |
| <input type="checkbox"/> Heavy vehicles over 4.5 t up to 16 t RGVM | |

Company name (if applicable)

Australian Company Number (ACN)

Registered business name

Business Number (BN)

Principal person (if Business / Sole trader)

Family name

Given name/s

Telephone number

Driver Licence number

Expiry date

 ()

 / /

Street address of premises

 Postcode

NOTE: The additional inspection categories sought must also be held by at least one Approved Examiner.

1st Approved Examiner (use BLOCK letters)

Please indicate the class/es of Approved Examiner Licence/s required or already obtained.

- | | |
|---|--|
| <input type="checkbox"/> Motorbikes | <input type="checkbox"/> Trailers/ Caravans over .75 t ATM up to 3.5 t ATM |
| <input type="checkbox"/> Light vehicles up to 4.5 t RGVM | <input type="checkbox"/> Trailers/ Caravans over 3.5 t ATM up to 10 t ATM |
| <input type="checkbox"/> Heavy vehicles over 4.5 t RGVM up to 16 t RGVM | |

Family name

Given name/s

Residential address

 Postcode

Date of birth

Place of birth

Driver licence number

 / /

Driver licence expiry date

Class/es held

Full-time

 / /

Part-time

Are additional inspection categories required for the Examiner?

Yes No

I accept this nomination.

Examiner's signature

Date

 / /

2nd Approved Examiner (use BLOCK letters)

Please indicate the class/es of Approved Examiner Licence/s required or already obtained.

- | | |
|---|--|
| <input type="checkbox"/> Motorbikes | <input type="checkbox"/> Trailers/ Caravans over .75 t ATM up to 3.5 t ATM |
| <input type="checkbox"/> Light vehicles up to 4.5 t RGVM | <input type="checkbox"/> Trailers/ Caravans over 3.5 t ATM up to 10 t ATM |
| <input type="checkbox"/> Heavy vehicles over 4.5 t RGVM up to 16 t RGVM | |

Family name

Given name/s

Residential address

 Postcode

Date of birth

Place of birth

Driver licence number

Driver licence expiry date

Class/es held

Full-time

 / /

Part-time

Are additional inspection categories required for the Examiner?

Yes No

I accept this nomination.

Examiner's signature

Date

 / /

If additional Examiners are required to be listed, complete form F2339

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Equipment/Premises/Mobile Unit particulars

Premises Equipment The following equipment must be available at the proposed AIS before approval can be granted. It is also a condition of approval that this equipment be kept and maintained in a serviceable condition at all times.	Type/Make	Serial number	Office Use Only
Hoist			
Pit/Ramp (list dimensions)			
Mobile Unit (list registration number)			
Brake testing equipment			
Headlight aimer/screen			
Trailer light testing equipment			
Marked motorcycle brake test area— make of street/road			
Jacking equipment			
General purpose tools			

I / We certify that the above particulars are true and correct.

Proprietor's / Company Director's name (please print)

Proprietor's / Company Director's signature

Date

 / /

Privacy Statement

The Department of Transport and Main Roads (the department) is collecting the information on this form for the purposes of managing the Approved Inspection Station scheme. This information is authorised or required by the *Transport Operations (Road Use Management) Act 1995*. The department or its agents usually gives some or all of this information to vehicle insurers, statutory entities, lawyers, insolvency entities, persons involved in vehicle accidents/incidents or vehicle manufacturers or their employees or agents and to or through interstate registration authorities. Your personal details will not be disclosed to any other third party without your consent unless required or authorised by law.

Office Use Only

Application received ____ / ____ / ____ Report received ____ / ____ / ____ Report requested ____ / ____ / ____

Approval recommended (please tick)

Yes

Light vehicles up to 4.5 t RGVM Trailers

Heavy vehicles over 4.5 t up to 16 t RGVM

Motorbikes

No

Trailers over 0.75 t up to 3.5 t ATM

Trailers over 3.5 t up to 10 t ATM

Transport Inspector's name (please print) Authority number

Transport Inspector's signature

Date

 / /

Approval recommendation endorsed

Senior Transport Inspector's name

Senior Transport Inspector's signature

____ / ____ / ____
Date

Approval granted (please tick)

No Yes Inspection codes: _____

DTMR Officer's name

DTMR Officer's signature

____ / ____ / ____
Date