



ACT
Government

Justice and Community Safety

RENEWAL OF MOTOR VEHICLE REPAIR LICENCE

Fair Trading (Motor Vehicle Repair Industry) Act 2010

PURPOSE

This form is to be used to renew a motor vehicle repair licence under the *Fair Trading (Motor Vehicle Repair Industry) Act 2010* (the Act). You can access the legislation at www.legislation.act.gov.au. You may also obtain further information and forms at www.ors.act.gov.au.

PRIVACY

The Act authorises the Commissioner for Fair Trading to collect the personal information required by this form for the purposes of issuing a licence under the Act. The Commissioner for Fair Trading prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (C'wlth). The Commissioner for Fair Trading provides identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances.

CONTACT

Office of Regulatory Services Shopfront
255 Canberra Avenue, Fyshwick ACT 2609

Opening Hours 9:00am to 4:30pm Monday to Friday

General Enquiries (02) 6207 3000

Office of Regulatory Services Postal Address
GPO Box 158, Canberra City ACT 2601

Website www.ors.act.gov.au Email ors.bil@act.gov.au

Fax Number (02) 6207 0424

INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- It is recommended that you read the 'Motor Vehicle Repair Practice Manual' prior to completing this form. The manual may be found at www.ors.act.gov.au.
- Complete this form using a black or blue pen only.
- Only eligible persons may apply for a licence. An eligible person is an adult that is not a disqualified person, being either an individual, a partner in a partnership or a director of a corporation. Also if the applicant is a corporation at least 1 director of the corporation must already hold a licence.

TRANSLATING AND INTERPRETING SERVICE

If you require further information or require advice, a language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.



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APPLICANT DETAILS																					
TITLE <i>(Mr, Ms)</i>		GIVEN NAMES				SURNAME															
HOME ADDRESS <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>																					
CITY / SUBURB / TOWN				STATE / TERRITORY				POSTCODE													
POSTAL ADDRESS <i>(If different to home address)</i>																					
CITY/ SUBURB/ TOWN				STATE / TERRITORY				POSTCODE													
HOME TELEPHONE NUMBER					MOBILE TELEPHONE NUMBER																
()																					
WORK TELEPHONE NUMBER					EMAIL ADDRESS																
()																					
COMPANY NAME <i>(If applicable)</i>					AUSTRALIAN COMPANY NUMBER (A.C.N.) <i>(If applicable)</i>																
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PARTNERSHIP NAME <i>(If applicable)</i>					AUSTRALIAN BUSINESS NUMBER (A.B.N.) <i>(If applicable)</i>																
					<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																
APPLICANT STATEMENT																					
<p>Have you or any director committed a disqualifying act as defined by the <i>Fair Trading (Motor Vehicle Repair Industry) Act 2010</i> (the Act) including:</p> <ul style="list-style-type: none"> A contravention of the Act (including requirements made by the Commissioner under the Act) or a corresponding law of a State A contravention of a condition of a licence; or a contravention of the <i>Fair Trading (Motor Vehicle Repair Industry) Code of Practice 1999</i> An offence against the <i>Competition and Consumer Act 2010 (Cwlth)</i> An offence against the <i>Australian Consumer Law (ACT)</i> or a corresponding law of a State; or an offence against a law of the Territory, the Commonwealth, a State, another Territory or a foreign country punishable by imprisonment for longer than 1 year 										<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No											
<p>I, _____, confirm that the information supplied in this application is true and accurate and understand that the provision of false or misleading information is an offence.</p> <p>Signature: _____ Date: / /</p>																					

PARTICULARS OF PREMISES *(Complete a separate form for each premises)*

LICENCE NUMBER	NUMBER OF PREMISES	NUMBER OF MOBILE REPAIR VEHICLES <i>(If applicable)</i>
PREMISES ADDRESS <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>		
REGISTERED BUSINESS NAME <i>(If applicable)</i>		
CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE
POSTAL ADDRESS DETAILS <i>(If different to premises address)</i>		
CITY/ SUBURB/ TOWN	STATE / TERRITORY	POSTCODE
CONTACT TELEPHONE NUMBER OF PREMISES	CONTACT FAX NUMBER OF PREMISES	
CONTACT MOBILE NUMBER OF PREMISES <i>(If applicable)</i>	CONTACT EMAIL ADDRESS OF PREMISES <i>(If applicable)</i>	

TOTAL NUMBER OF EMPLOYEES AT ALL PREMISES

<input type="checkbox"/> 0 – 5 employees	<input type="checkbox"/> 6 – 20 employees	<input type="checkbox"/> 21 or more employees
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COMPLETED FORMS TO BE RETURNED**In Person:**

Office of Regulatory Services
255 Canberra Avenue
Fyshwick ACT 2609
Hours: 9.00am – 4.30pm

By Post:

Office of Regulatory Services
Business and Industry Licensing
GPO Box 158
Canberra, ACT 2601