



Application for Renewal of an Authorised Examiner

Authorised Inspection Station Details

Station Name

Station Address

Applicant details

Surname

Given name

Other names

Date of birth

Business hours contact number

Mobile phone number

Residential address

Postal address

E-mail address

Driver licence number

Stamp number

Declaration

Please read each point below and tick each box indicating you understand the requirements.

I declare that the information given on this application is correct. I understand that if any information is found to be false I could have my authorisation cancelled.

I understand that I am required to undertake a service brake test for every vehicle I issue a Certificate of Inspection to and I agree to attach a service brake test slip for each vehicle to the green copy and blue copy of the Certificate of Inspection. I also agree to record on the certificate of Inspection validation of park brake testing.

I agree to keep all Certificate of Inspection report books with the service brake slips attached to the green and blue copies for a period of at least twelve months.

I understand that if I fail to inspect a vehicle, or any part of the vehicle, or to ensure it complies with the vehicle standards before issuing a passed Certificate of Inspection, my authorisation may be suspended or cancelled.

I understand that if I fail to complete a service and park brake test for a vehicle and/or fail to provide a copy of the service brake test slip or validation of park brake operation for that vehicle, my authorisation may be suspended or cancelled.

Signature of Examiner

Date