



Approval of an Authorised Inspection Station All Light Motor Vehicles

Proprietor details

Surname	Given name	Other names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Proprietor address		
<input type="text"/>		

Company details

Company name	ACN	
<input type="text"/>	<input type="text"/>	
Company address		
<input type="text"/>		
Contact person name		
<input type="text"/>		
Business hours contact number	Mobile phone number	LMVR number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		
<input type="text"/>		

Details of inspection equipment

	Make	Model	Serial number
Brake test machine			
Light transmittance meter			
Headlight tester			
Noise meter			
Noise meter calibrator			

Other equipment to be sighted by auditors

Access to ADR's
 Wheel rim callipers
 Floor jack & hoist or pit
 Tyre tread depth gauge

Declaration

I declare that the information given in this application is true. I understand that if any of the information is found to be false any authorisation may be cancelled. I will ensure that the Rules for Authorised Inspection Stations are followed.

Signature of Proprietor

Date

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