



Application for Renewal of an Authorised Inspection Station

Authorised Inspection Station Details

Station number	Station contact (if different from proprietor)	Contact phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Station name
<input type="text"/>

Station address
<input type="text"/>

Authorised Examiners attached to this Station

Name	AER No.	Name	AER No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Proprietor details

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

Business hours contact number	Mobile phone number	LMVR number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Proprietor address
<input type="text"/>

Postal address
<input type="text"/>

E-mail address
<input type="text"/>

Declaration

I declare that the information given in this application is true and correct. 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	<input type="text"/>	Date	<input type="text"/>
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