Supplementary Restraint System Report

LODGEMENT INFORMATION

To be lodged at the Access Canberra Motor Vehicle Inspection Station, 29 Couranga Crescent, Hume ACT 2620. For enquiries call 13 22 81 or visit www.act.gov.au/accessCBR.

This document may be used to establish the acceptability of the vehicle for safe use on a road or road related area.

VIN / Chassis number													
Make					Мос	del							
Туре					Yea	r of N	lanufa	acture					
Details of Authorised Dealer of the Vehicle Manufacturer													

Name (Own	er/Manager)																						
Signature										 						Insp Date		tion			/	/	
Company Name										 						ACN							
Company Address										 								P	osto	cod	le		

The purpose of this document is to provide a declaration by suitably qualified persons that the Supplementary Restraint Systems (SRS) and ECU's have been checked and the circuit integrity has been validated. This form is used for the purpose of establishing the condition and operational status of the vehicle SRS and the electrical circuitry in regards to obtaining a Vehicle Identity Inspection Report and Certificate of Roadworthiness. It represents an inspection of the system on the date it is issued. If the vehicle has been water immersed this form is not a guarantee that future issues will not arise from the vehicle being water immersed.

I as the owner/manager (must provide primary proof of identity with a signature) of the company identified below, [which is an Authorised Dealer of the vehicle manufacturer (must supply evidence of meeting this requirement)], am authorised to state on its behalf that:

Crash Damaged Vehicle

All components of the Supplementary Restraint System (SRS) are present and correctly installed and the ECU and related circuitry has been tested and certified operational by an authorised agent of the manufacturer of this vehicle (attach agent's detailed work invoice and evidence of meeting this requirement).

Water Immersed Vehicle

This vehicle has been subject to flooding, which includes the ECU and SRS wiring. The ECU has been checked for contamination and/or replaced and all wiring links have been checked for contamination. All integrated circuitry (ABS, Traction Control, Stability Control etc) are not compromised. The air bags and any seat belt pretensioners are not contaminated and are still serviceable (attach agent's detailed work invoice and evidence of meeting this requirement).

Company
Stamp

All sections of this document must be completed for it to be accepted. Note: Only Authorised Agents may perform the final tests to complete this form. The checklist on the back of this form must be completed.



Signed

Road Transport Authority PO Box 582 Dickson ACT 2602 Telephone: 13 22 81

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VIN / Chassis number																
		_			., .							Yes	6	١	No	N/A
					All units installed and complete as per original manufacturer's specifications									[
					All units installed and operational as per original manufacturer's specifications											
SRS Seat Belt Pretensioners			All units installed and operational as per original manufacturer's specifications													
SRS Wiring Loom Connections				Checked OK for damage and correct function												
Check Anti-lock/Anti-skid Brake System			System operates as per manufacturer's requirements													
Check Engine Control Computer		System operates as per manufacturer's specifications														
Body Control Computer Module			Check for correct operation as per manufacturer's specifications													
Electronic Stability Control System				System operates as per manufacturer's requirements						r's						
Test Drive Vehicle			All systems operate as per manufacturer's specifications													

Note: You must record Serial numbers and loaction of all replacement electronic components, airbag modules and any other safety restraint equipment.

Description	Serial No.	Location				
Description	Serial No.	Location				
Description	Serial No.	Location				
Description	Carial Na	Looption				
Description	Serial No.					
I consent to the RTA conducting a validation check of my documents and declare to the best of my knowledge that the information in this report is true and correct						

Name

/	/
Pa	ige 2 of 2

Date