



Application to renew Accredited Driving Instructor (ADI) or Heavy Vehicle Assessor (HVA)

Name:	Accreditation type	ADI	HVA
ADI / HVA number:	Accreditation period	5 years	1 year
Renewal			
I have attached my completed Commerci	al Driver's Health Assessment form.		
I have attached a colour copy of my curre	ent ACT Working With Vulnerable People (W	/WVP) card (both	sides).
I have attached evidence of my Driver Ins	structor Public Liability Insurance covering at	: least \$5,000,000).
Payment			
Once your renewal application has been approv of accreditation requested, either one year or fiv		ent online for the	period
Declaration			
	over for the entire accreditation period and is insurance. Failure to have this insurance is cancellation of my accreditation.		
Access Canberra auditors may require yo	u to provide evidence of this insurance at an	y time.	
I understand that I must have a valid ACT period and that failure to do so may resul	Working With Vulnerable People (WWVP) ca t in suspension of my accreditation.	ard for the entire	accreditation
Access Canberra auditors may request to	view your ACT WWVP Card at any time.		
accreditation may not be issued or renew	form and attached are true and correct. I un red if I do not provide required documentation my application and maintaining accreditation	on. I consent to t	• •
Signature	Date		
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