

Complete this form as part of your application to obtain an endorsement to become a Mobile Safety Check Examiner. Please complete and include the required information to support your application.

1. You must include all of the following documents with your application:

- National Criminal History Check
- Public Liability Insurance Certificate of Currency
- Professional Indemnity Insurance Certificate of Currency
- Workers Compensation Certificate of Currency (or proof of Personal Accident and Illness Insurance if you are a sole trader)
- Motor Vehicle Comprehensive Insurance Certificate of Currency (for the vehicle you use for mobile inspections)

2. Examiner details

Surname

Given name(s)

Examiner number

Mobile contact number

Email address

(this must be an email account that only you can access)

3. Authorised Inspection Scheme (AIS) details

AIS name

AIS number

4. Proprietor details

Proprietor name

Proprietor number

5. Declaration

I accept that submission of this application does not guarantee I will obtain a Mobile Safety Check endorsement.

I understand that I must supply the information requested in this form in accordance with the Supplementary Business Rules for Authorised Proprietors and Examiners for Mobile Safety Check (Pink Slip) Inspections and the Authorised Inspection Scheme Business Rules for Authorised Proprietors and Authorised Examiners. I understand that failure to supply full details, relevant documentation and sign this declaration can result in this application not proceeding.

I declare that the information supplied in this application is true and complete. I understand that if any information I have given is found to be false that the Mobile Safety Check endorsement may be removed and my examiner authority may be suspended or cancelled.

I acknowledge that I have read, understood, and agree to be bound by the Supplementary Business Rules for Authorised Proprietors and Examiners for Mobile Safety Check (Pink Slip) Inspections and the Authorised Inspection Scheme Business Rules for Authorised Proprietors and Authorised Examiners.

I have the ability and will comply with the requirements of the *Work Health and Safety Act 2011*.

Examiner's signature

Date

day	/	month	/	year
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Personal Information Collection Notice

Transport for NSW is committed to protecting your privacy and ensuring your personal and health information is managed according to law.

You can find out why we collect your personal information and how we use and manage it by reading our privacy statement at transport.nsw.gov.au or phone **13 22 13** to request a copy.

Please return this completed form to:

Accreditation
PO Box 122, Glen Innes NSW 2370
Phone: **1300 79 11 86**
Email: ais@transport.nsw.gov.au