



# AIS – Application for AUVIS Examiner Accreditation (Unregistered Vehicles)

## 1. Status type

What status type are you applying for?

- |            |                          |                      |                          |
|------------|--------------------------|----------------------|--------------------------|
| Director   | <input type="checkbox"/> | Proprietor's nominee | <input type="checkbox"/> |
| Partner    | <input type="checkbox"/> | Alternative nominee  | <input type="checkbox"/> |
| Proprietor | <input type="checkbox"/> | Examiner             | <input type="checkbox"/> |

## 2. Personal details

Examiner number (if applicable)

Surname

Given names (full name is required)

Residential address

  
  


Postcode

Mailing address

  
  


Postcode

Day time contact number

Email address

Driver licence number

Driver licence class/es (an examiner must not drive a vehicle unless they hold a current driver licence of the appropriate class for that vehicle)

Date of birth

 /  /   
day month year

## 3. AIS details

Current or last AIS number

Trading name

  


Business address

  
  


Postcode

## 4. Declaration

I accept that submission of this application does not guarantee selection for accreditation as an AUVIS Examiner. I understand that I must supply the information requested in this form in accordance with the Business Rules for the Authorised Inspection Scheme (AIS) and that failure to supply full details and sign this declaration can result in the 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 my accreditation may be cancelled or revoked.

I acknowledge that I have read and understood the Business Rules of the AIS and agree to be bound by them.

Signature

Date

 /  /   
day month year

### 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. Find out why we collect your personal information, including how we use and manage it, by reading our privacy statement at [www.transport.nsw.gov.au/privacy-statement](http://www.transport.nsw.gov.au/privacy-statement) or phone 13 22 13 to request a copy.

Please return this completed form to:

Administration & Accreditation  
PO Box 122, Glen Innes NSW 2370  
T 1300 79 11 86 | E [ais@transport.nsw.gov.au](mailto:ais@transport.nsw.gov.au)

**OFFICIAL:**  
**Sensitive – Personal**  
(when completed)

## How to complete the Application for AUVIS Entity/Examiner Accreditation (Unregistered Vehicles)

### Information on how to complete this form

Please answer all questions and provide as much information as possible. Failure to provide all information can result in your application not progressing or being refused. Please complete the form accurately and legibly using block capitals eg JOHN CITIZEN not *John Citizen*.

#### 1. Motor repairer's licence number, e/d

Examiner MUST be at least the holder of a repair classes for Motor / MC / Trailer & Caravan Mechanic. LPG and CNG are optional add ons only.

#### 2. Personal details

**Entity number:** Entity is defined as an examiner, proprietor, proprietor's nominee or alternative nominee of an Authorised Inspection Scheme (AIS) station.

Insert your Entity number in the box provided if applicable.

**Name:** Insert your FULL name as indicated on your driver licence and tradesperson or repairer's licence.

**Residential address:** Please provide your street and/or unit number, street name, suburb/town and your postcode.

eg Unit 2/ 456 Princes Highway  
ENGADINE NSW 2233

**Mailing address:** If your mailing address is different to your residential address, such as a Post Office box, please provide details in the mailing address box. If your postal address is the same as your residential address please put 'As Above' in the postal address box.

eg Unit 2/ 456 Princes Highway  
ENGADINE NSW 2233  
or  
As Above

**Day time contact number:** Please provide a suitable day time contact number in case information from your application needs to be verified. Preferred numbers are worksite number or a mobile telephone number.

**Email address:** Please provide a valid email address (if available) eg business.name@internetprovider.com.au This may be used to send out additional information.

**Driver licence number:** Insert your driver licence number in the box provided. Include all numbers and letters

**Date of Birth:** In the box provided insert your date of birth. Use the dd/mm/yyyy format. eg 01/01/1900

#### 3. AIS details

This information is required to determine your eligibility for authorisation. You must answer these questions accurately.

**Current or last AIS number:** Insert the AIS number for the station that you are currently working for or the last AIS that you worked for.

**Trading name:** Insert the full name of the AIS station whose AIS number you listed in the previous question.

**Business Address:** Please provide the address of the AIS listed in the previous question. Please provide your street and/or unit number, street name, suburb/town and your postcode.

eg Unit 2/ 456 Princes Highway  
ENGADINE NSW 2233

#### 4. Declaration

Ensure you read and understand the declaration fully prior to signing.

Sign in the box provided and insert the date on which the form was signed.

Please return this completed form to:

Administration & Accreditation

PO Box 122, Glen Innes NSW 2370

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