

Use this form to establish a new Security Administrator on the DOL System.

1. Dealer details

Dealer licence number	Customer number
<input type="text"/>	<input type="text"/>
Dealer name	
<input type="text"/>	
Trading name	
<input type="text"/>	
<input type="text"/>	
Business address	
<input type="text"/>	
<input type="text"/>	
Postcode	
Business telephone number	Business fax number
<input type="text"/>	<input type="text"/>
Business email address	
<input type="text"/>	

2. Security Administrator details

Add Security Administrator

Change Security Administrator

Surname

Given names

Date of birth	NSW driver lic/customer no.
<input type="text"/>	<input type="text"/>
Security Administrator telephone number	Security Administrator fax number
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	

3. Service NSW Centre details

Controlling service centre name

4. Agreement and declaration by Dealer (DOL Terms)

I acknowledge that the terms of the Dealer Vehicle Registration Scheme (DVRS) Dealer Agreement will apply concerning Dealer Online (DOL) including the use and security of passwords and obligations of Security Administrators. I declare that the information provided in this Application is true and complete.

Security Administrator signature

Name of Authorised dealer representative

Signature of Authorised dealer representative

Date

day / month / year

5. Privacy Statement

Your personal information is being collected to process your process your application to add or change a security administrator in respect of the Dealer Online System (DOL) and to administer DOL. You are not required to provide your personal information but your application cannot be processed if you do not. Your personal information will be held by Transport for NSW and you may contact us to access and correct the information. We may disclose your personal information for the purposes of verifying the information and supporting documents you have provided to us but otherwise we will not disclose your personal information without your consent unless authorised by law.

Please return completed form to your Controlling Service NSW Centre.

Office use only Checklist

Controlling service centre

Approved Controlling service centre Yes No

Confirmation email to SCM

Manager's name

Signature

Staff number	Date
<input type="text"/>	<input type="text"/>
day / month / year	

DRIVES Help Desk

Security Administrator add / change

Signature

Staff number	Date
<input type="text"/>	<input type="text"/>
day / month / year	