

**1. Participant details**

Name

Trading Name

Business address

ACN/ARBN

ABN

Telephone number

Dealer number if applicable

Representative name

DOL User  Yes  No

**2. Service centre based monitoring****Check 5 - 10 recent registrations**

Number of transactions checked

Applications completed correctly

Yes  No

POI supplied

Yes  No

All supporting documents supplied

Yes  No

No errors in VIN and engine numbers

Yes  No

Lodged in appropriate time frame

Yes  No

DRIVES record matches application forms

Yes  No

*If no, list errors/anomalies in notes*

**Check records of plates and plates issued**

Is the representative on the POI schedule?

Yes  No

**Additional checks**

Have ACN/ARBN and ABN been verified?

Yes  No

Is POI list current?

Yes  No

Is list of DOL users current?

Yes  No

*If no, list errors/anomalies in notes*

Registration no.

Anomalies detected


Notes (indicated any items to be followed up)

Participant notified of anomalies/action required

Manager or delegate signature

Date

day	/	month	/	year
-----	---	-------	---	------

Participant signature

Date

day	/	month	/	year
-----	---	-------	---	------