



- This form is for certifiers seeking to vary their licence conditions or update their contact details.
- Allow 7 days for processing of contact details.
- Allow 30 days for processing assessment of varying licence conditions.

### 1. Current licence details (Mandatory)

Surname

Given names

VSCCS licence number

### 2. What changes do you require?

Tick one or more of the following boxes

- Contact details (Complete sections 3, 6 and refer 7a)
- Business details (Complete sections 4, 6 and refer 7a)
- Apply to vary licence (Complete sections 5, 6 and 7b)

### 3. Contact details

Residential address

  


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Postcode

**Mailing address** (this may be a personal or a business mailing address)

  


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Postcode

Daytime contact number

Mobile number

**Email address** - (this may be a personal or a business email address)

Date of birth

 /  /   
day month year

Drivers licence number

State

### 4. Business details

Trading name

Registered business address

  


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Postcode

If the business is not owned by you who owns or runs the business (CEO, Director, etc)?

Business contact number

Australian Business Number (ABN)

Australian Company Number (ACN) (if the business is incorporated)

### 5. Proposed variation to licence

Please tick (✓) all additional vehicle categories and/or fields of competencies you wish to apply for: (for more details refer to table on page 2)

#### Vehicle Category

	(M)	(P)	(B)	(L)	(H)
Motorcycles (aka L - group)					
Passenger vehicles and omnibuses (GVM < 4.5 t)					
Omnibuses (GVM > 4.5 t)					
Light commercial vehicles					
Medium and heavy vehicles and trailers					

#### Field of Competency

Field of Competency	(M)	(P)	(B)	(L)	(H)
<b>C1</b> Braking systems (modified vehicles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C2</b> Driving controls and aids (modified vehicles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C3</b> Seating and occupant protection (modified vehicles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C4</b> Engine, fuel systems etc (modified vehicles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C5</b> All other systems (modified vehicles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IP</b> Imported vehicles (whole vehicles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AOV</b> All other vehicles (whole vehicles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please return your completed form to:

Vehicle Safety Compliance Certification Scheme (VSCCS)

PO Box 122, Glen Innes NSW 2370

roads-waterways.transport.nsw.gov.au | T 1300 791 186 | E ais@transport.nsw.gov.au

## 6. Certifier's declaration

(please read carefully before you sign)

I declare that the information I have given in this application is true and correct. I understand that if any information I have given is found to be false this application will be disregarded. I understand that Transport for NSW will conduct checks of its records to confirm correctness of the information provided.

I understand, if I am applying to have additional vehicle categories and/or fields of competencies considered by Transport for NSW a review and interview, with my attendance is required. The date, time and location will be arranged once form and payment has been submitted. I am aware that a non-refundable category fee is payable.

I understand that a VSCCS certifier's licence will not be issued if I cannot comply with the requirement to be suitably qualified and a fit and proper person to hold a licence.

I understand that a VSCCS certifier's licence may be issued unconditionally or subject to conditions including compliance with conditions of licence made from time to time.

Signature (the individual must sign)

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. 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.

## 7. Submitting your amendment form

### Visit our website for all fees

**Note:** A payment is **only** required if you are applying to vary a licence refer to 7(b)

### (a) changing of contact or business details only

#### By email:

Scan and email your completed and signed application to [ais@transport.nsw.gov.au](mailto:ais@transport.nsw.gov.au)

#### By mail:

Send completed form to:

VSCCS  
PO Box 122  
Glen Innes, NSW 2370

### (b) If you are applying to vary your licence (and if applicable changing other details)

#### By email:

Please call Service NSW on 13 22 13 and advise that you wish to make a payment under a miscellaneous payment codes then record the receipt number(s) below.

#### Code - VSK

Apply to vary a licence fee

TfNSW receipt number - VSK

Scan and email your completed and signed application to [ais@transport.nsw.gov.au](mailto:ais@transport.nsw.gov.au)

#### By mail:

Send completed form to:

VSCCS  
PO Box 122  
Glen Innes, NSW 2370

Equivalent ADR vehicle categories	Motorcycles ( M )	Passenger vehicles and omnibuses (GVM <= 4.5 t) ( P )	Omnibuses (GVM > 4.5 t) ( B )	Light commercial vehicles ( L )	Medium and heavy vehicles and trailers ( H )
2nd edition	CY, motor bike, moped, motor tricycle	PC, FC, PD, PM, LG OM1, OM2, OM3, PM	OM4	LG (up to 4.5t), PM	HG
3rd edition	LA, LB1, LB2, LC, LD, LE, LEM, LEP, LEG	MA, MB, MC, MD1, MD2, MD3, TA, TB, TC1	MD4, ME	NA, NB1	NB2, NC, TC2, TD