



Road Transport Authority  
 PO Box 582  
 Dickson ACT 2602  
 Telephone: 13 22 81

# Application for Approval of an Authorised Inspection Station - All Light Motor Vehicles

90,087 (11/2013)

Proprietor Name

Proprietor Address   
 Postcode

Company Name

Company Address   
 Postcode

Postal Address

Email Address

ACN

Fax

Work Phone

Home / Mobile

### Details of Inspection Equipment

	Make	Model	Serial Number
Brake test machine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Light transmittance meter	<input type="text"/>	<input type="text"/>	<input type="text"/>
Headlight tester	<input type="text"/>	<input type="text"/>	<input type="text"/>
Noise Meter	<input type="text"/>	<input type="text"/>	<input type="text"/>
Noise meter calibrator	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Equipment to be sighted by Auditors are:** Current ADR Disc

Tyre Tread Depth Gauge  Wheel Rim Callipers  Floor Jack & Hoist or Pit

Has a Police Character Check been completed and submitted to Road User Services? Yes  No

### Contact Details (If different from proprietor)

Given Name  Surname

Work phone  Home phone  Fax

### Declaration

I declare that the information given in this application is true. I understand that if any of the information is found to be false any authorisation may be cancelled. I will ensure that the Rules for Authorised Inspection Stations are followed.

Signed  Date  /  /

### OFFICE USE ONLY

Approval date  File number

Inspection Station number issued