



# Application for Appointment as an Authorised Inspector

## NOTES FOR COMPLETING THIS FORM

1. Applications must be supported by qualifications acceptable to the Department.
2. It is the Department of Lands and Planning right to reject any application or to request further evidence to support an application.
3. All applicants will be required to submit to a written examination(s).
4. Applicants must hold a current applicable driver's licence in the class relevant for the authorisation required.
5. All applicants will be required to undergo a current criminal history check.
6. Applicants will be required to provide two written work related references.

New     Renewal     Change of Premises     Amendment of Category

### 1 APPLICANT DETAILS

Surname

Given Name(s)

Postal Address

  


---

  


---

Phone Number

Date of Birth

Driver's Licence Number

State

### 2 EMPLOYER DETAILS

Surname

Given Name(s)

Business Name

Phone Number

Business Address

  


---

  


---

Postal Address

  


---

  


---

**Business Type:**  Service Station     Repair Workshop     Dealership

**3 AUTHORISATION REQUIRED**

Compliance Checks - New Vehicles, Motorcycles or Trailers **(H)**

Vehicles Up To & Including 4.5 Tonne GVM **(A)**

All Heavy Vehicles **(C)**

Motorcycles **(B)**

Light Trailers Up To & Including 4.5 Tonne ATM **(F)**

All Trailers **(G)**

Plant & Equipment **(D)**

Commercial Passenger **(E)**

Vintage/Veteran **(V)**

**4 DETAILS OF QUALIFICATIONS HELD (New Applicants Only)**

| Type | Certificate Number | Issue Date | State/Country Obtained | Granted by |
|------|--------------------|------------|------------------------|------------|
|      |                    |            |                        |            |
|      |                    |            |                        |            |
|      |                    |            |                        |            |

**5 JOB HISTORY (This section must be completed)**

| Employer | Commencement Date | Termination Date | Duties Undertaken |
|----------|-------------------|------------------|-------------------|
|          |                   |                  |                   |
|          |                   |                  |                   |
|          |                   |                  |                   |

**6 Please provide a sample of your workshop stamp and signature in the box below**

**Signature:**

**PRIVACY STATEMENT**

The Registrar of Motor Vehicles is required to collect information for registrations, licences and permits under section 92 of the *Motor Vehicles Act*. The Registrar adheres to the Department of Lands and Planning Privacy Statement and the *Information Act*. Further information on privacy can be found at [www.nt.gov.au/dlp](http://www.nt.gov.au/dlp)

**7 DECLARATION (Applicant)**

I declare, by virtue of Section 23D of the *Oaths Act*, the information provided in this application is true and correct in every particular.

Note 1: A person wilfully making a false declaration is liable to a penalty of \$2,000 or imprisonment for 12 months, or both.

Note 2: I understand that if requested by the Department of Lands and Planning, I will provide a current criminal history check at my own expense.

.....  
Signature of Applicant

...../...../.....  
Date

**8 DECLARATION (Employer/Proprietor of Applicant)**

I declare, by virtue of Section 23D of the *Oaths Act*, the information provided by the applicant is true and correct in every particular.

Note 1: A person wilfully making a false declaration is liable to a penalty of \$2,000 or imprisonment for 12 months, or both.

Note 2: I agree to the above person being appointed as an Authorised Inspector (Motor Vehicles) at my premises and I understand my responsibilities.

.....  
Signature of Employer/Proprietor of Applicant

...../...../.....  
Date

**9 RELEASE OF INFORMATION**

I ..... of ..... hereby  
Name Premises Name

Approve the Northern Territory Government to release and publish the following details:

- 1. Business Name
- 2. Business Address
- 3. Business Phone Number
- 4. Categories Approved to Inspect  (Please tick if appropriate)
- 5. Child Restraint Assistance

.....  
Signature of Employer/Proprietor

...../...../.....  
Date

