

## National Heavy Vehicle Accreditation Scheme (NHVAS) Application for Scheme Membership

New Application

Renewal

Do you hold NHVAS Accreditation in another State or Territory?

No  Yes (indicate State or Territory)

Mass Management Module

Maintenance Management Module

Basic Fatigue Management Module

Advanced Fatigue Management Module

### Applicant Details

Name (Business/Individual) *Note: Evidence of Identity must be supplied*

Australian Company Number (ACN) / Australian Business Number (ABN)

Name of Associated Subsidiary Companies including ACN/ABN Numbers *(Please list or attach list to application)*

Business Address  
*(Nominated address for Compliance Audits/Service of Documents)*

Postal Address  
*(If different to Business Address)*

Applicant Telephone Number

Applicant Facsimile Number

Contact Person

Contact Telephone Number

Email Address

### Auditor's Certification

I, .....  
*(Auditor's Name)*

an Accredited Auditor currently accredited by the Registrar Accreditation Board Quality Society of Australasia (RABQSA) to conduct audits for the National Heavy Vehicle Accreditation Scheme, hereby certify that

..... meets all requirements of the Scheme  
*(Operator's Name)*

Module as assessed against the Module's Audit Matrix. The entry audit was conducted on ...../...../.....  
*(Date Audit Conducted)*

Auditor's Signature

Date

RABQSA Registered Auditor's ID Number

## Privacy Statement

The Registrar of Motor Vehicles is required to collect information for Registrations, Licenses and Permits under section 92 of the *NT Motor Vehicles Act*. The Registrar adheres to the Department's 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)

## Conditions

1. The Applicant, all vehicles listed in the attached Nominated Vehicle List and all drivers listed in the Nominated Driver List under this application must comply with all requirements under the:
  - Business Rules of the National Heavy Vehicle Accreditation Scheme;
  - Standards that apply to the operational module(s) which is the subject of this application; and
  - Audit Matrix applying to the operational module(s) that is the subject of this application.
2. The Applicant must have developed and be operating a management system(s) in accordance with the Scheme Module(s) Standards.
3. The Applicant must have gained and must maintain accreditation under the Scheme in accordance with the Scheme Business Rules.
4. The Applicant consents to providing Motor Vehicle Registry (MVR) access to any information/ documentation relating to the National Heavy Vehicle Accreditation Scheme as specified in the Business Rules.

## Declaration

I hereby acknowledge that all details in this application are true and correct, and that I understand and agree to abide by the above conditions.

Applicant's Name *(please print)*

Applicant's Position Title

Applicant's Signature

Date

**The completed application form must be submitted to:**

**Accreditation and Audit Unit  
GPO Box 2520  
DARWIN NT 0801**

## Office Use Only

Compliance History Declaration (BFM/AFM)

 Yes No

Assessment of the Application Approved.

 Yes No

Nominated Vehicle List Attached.

 Yes No

Nominated Driver List Attached.

 Yes No

Audit Report Attached.

 Yes No

Evidence of Identity sighted.

 Yes No

Supporting Documents Attached i.e Fatigue Expert Report.

 Yes No

Name *(please print)*

Accreditation Number Issued

Signature

Date

## Nominated Vehicle List

List of Vehicles to which the applicant wishes the Scheme to apply.

Nominated Vehicles listed must be over 4.5 tonnes GVM, including buses, specialist plant and emergency vehicles, trailers (only required for accreditation to the Maintenance Module) and hauling units.

**Note:** that the accrediting agency has the discretion to admit light vehicles as part of a mixed fleet.

	Registration Number	Make & Model	VIN/Chassis Number	State of Registration	Body Code	Office Use Only (Label Number)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
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19						
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22						
23						
24						
25						

**Note:** Please attach a separate page if insufficient space.

### Nominated Driver List

List of Drivers the applicant wishes the Scheme to apply.

	Surname	Given Name	Licence Number	State of Licence	Date of Birth	Office Use Only (Work Diary No.)
1						
2						
3						
4						
5						
6						
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**Note: Please attach a separate page if insufficient space.**