Application to Become a Motor Body Examiner – AMBRIS 2

To be completed by applicant wishing to become a Motor Body Examiner

Full Name			
Address			
Date of Birth		Licence No and Expiry	
Phone No		Fax	
Email			

Qualifications:

Experience:

DECLARATION

I certify that the above information is correct and that if accepted as a Motor Body Examiner I will conduct inspections in accordance with the instructions set out in the Approved Motor Body Inspection Station Procedures Manual. All applicants to obtain and attach a National Police certificate to their application to become a vehicle examiner.

Signature		Name		Date	

To be completed by the Contractor/Proprietor

I, _____ certify that the above named

is employed by me and will undertake inspections at	

(Name and address of Premises)

AMBRIS Number		

Signature of Contractor/Proprietor		Date	

Personal Information Protection Statement: Personal information we collect from you for assessing your suitability to become an Authorised Inspection Station will be used by the Department for that purpose only. Your personal information may be disclosed to contractors and agents of the Department, courts and other public sector bodies or organisations authorised to collect it. This information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by you on request to AIS Compliance Unit. You may be charged a fee for this service. Failure to provide this information may result in your application not being processed.