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| Expression of Interest in Becoming  An Approved Motor Body Repair Inspection Station  AMBRIS 1 | | | | | | | | | | | | |
| **Premises Details** | | | | | | | | | | | | |
| Name of Organisation | | |  | | | | | | | | | |
| Trading As | | |  | | | | | | | | | |
| Address of Premises | | |  | | | | | | | | | |
| Email | |  | | | | | | | | | | |
| Phone No. | |  | | | |  | | Fax |  | | |
| **Description of Premises:** | | | | | | | | | | | | |
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|  | | | | | | | | | | | | |
| **Proprietor Details:** | | | | | | | | | | | | |
| Full Name of Nominated Proprietor and | | |  | | | | | | | | | |
| Position in Relation to Premises | | | | |  | | | | | | | |
| Residential Address | |  | | | | | | | | | | |
| Email | |  | | | | | | | | | | |
| Phone No. | |  | | | |  | | Fax |  | | |
| Other Information | | | | | | | | | | | | |
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| **DECLARATION** I wish to apply for the above premises to be considered an Approved Motor Body Repair Inspection Station. I give my consent for the Department of State Growth to conduct a probity check into myself or any of my business details and to my premises being checked for suitability prior to contracting to undertake vehicle inspections. | | | | | | | | | | | | |
| Signature |  | | | Name | | |  | | | 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 this Department. You may be charged a fee for this service. Failure to provide this information may result in your application not being processed. | | | | | | | | | | | | |