



Application to Become a Vehicle Examiner – AIS 2								
To be completed by applicant wishing to become a vehicle examiner								
Full Name	_	-						
Address								
Date of Birth		Licence No and Expiry						
Phone No				Fax				
Email					1			
Qualifications:								
Experience:								
DECLARATION I certify that the above information is correct and that if accepted as a Vehicle Examiner I will conduct inspections in accordance with the instructions set out in the Approved Inspection Stations 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)							
AIS Number								
Signature of Contractor/Pro	prietor						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 organization's 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.								