AIS Stamp

Department of State Growth Vehicle Safety – AIS Compliance

## Notification of Change of Conditions



Tick	Station & Vehicle Examiner type	iner type Station & Vehicle Examiner number						
	AIS							
	AMBRIS							
	AVCAIS							
	VE							
	MBE							
	AVC							
Tick	Ple	Please tick and add details for all changes required						
	Cease being a Station							
	Change of Station details							
	Details to be changed:  Note: If change of premise location an \$88.00 Site Inspection fee is required, please fill in payment details below.							
	New phone number							
	New postal address							
	New email address							
	Remove Vehicle Examiner					d	,	,
	Number:		Employment			/		
	Add Vehicle Examiner							
	Number: Name:		Alternative Proprietor	,	,		,	
	Nominate a new/alternative Pro	orietor	dates	/	1	to	/	
	Name:							
	Email address:							
	Important note: This person will need to provide an email address and a current National Police Certificate (NPC) and pass the							
Proprietor Knowledge Quiz before this request can be processed.  Declaration								
Name of Proprietor/Contractor					Date		1	1
Signati	ıre					•		
Payment details only required for a Change of Premise location								
Name on Card								
Credit Card Number				Card Type				
CCV (3 digit number on back of card)				Expir	y Date		1	1
Cardh	older			T				
Signature				D	ate		1	1