



**ACT**  
Government

Justice and Community Safety

## RENEWAL OF MOTOR VEHICLE REPAIR LICENCE

*Fair Trading (Motor Vehicle Repair Industry) Act 2010*

### PURPOSE

This form is to be used to renew a motor vehicle repair licence under the *Fair Trading (Motor Vehicle Repair Industry) Act 2010* (the Act). You can access the legislation at [www.legislation.act.gov.au](http://www.legislation.act.gov.au). You may also obtain further information and forms at [www.ors.act.gov.au](http://www.ors.act.gov.au).

### PRIVACY

The Act authorises the Commissioner for Fair Trading to collect the personal information required by this form for the purposes of issuing a licence under the Act. The Commissioner for Fair Trading prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (C'wlth). The Commissioner for Fair Trading provides identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances.

### CONTACT

Office of Regulatory Services Shopfront  
255 Canberra Avenue, Fyshwick ACT 2609

Opening Hours 9:00am to 4:30pm Monday to Friday

General Enquiries (02) 6207 3000

Office of Regulatory Services Postal Address  
GPO Box 158, Canberra City ACT 2601

Website [www.ors.act.gov.au](http://www.ors.act.gov.au) Email [ors.bil@act.gov.au](mailto:ors.bil@act.gov.au)

Fax Number (02) 6207 0424

### INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- It is recommended that you read the 'Motor Vehicle Repair Practice Manual' prior to completing this form. The manual may be found at [www.ors.act.gov.au](http://www.ors.act.gov.au).
- Complete this form using a black or blue pen only.
- Only eligible persons may apply for a licence. An eligible person is an adult that is not a disqualified person, being either an individual, a partner in a partnership or a director of a corporation. Also if the applicant is a corporation at least 1 director of the corporation must already hold a licence.

### TRANSLATING AND INTERPRETING SERVICE

If you require further information or require advice, a language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.



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APPLICANT DETAILS																					
TITLE <i>(Mr, Ms)</i>		GIVEN NAMES				SURNAME															
HOME ADDRESS <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>																					
CITY / SUBURB / TOWN				STATE / TERRITORY				POSTCODE													
POSTAL ADDRESS <i>(If different to home address)</i>																					
CITY/ SUBURB/ TOWN				STATE / TERRITORY				POSTCODE													
HOME TELEPHONE NUMBER					MOBILE TELEPHONE NUMBER																
( )																					
WORK TELEPHONE NUMBER					EMAIL ADDRESS																
( )																					
COMPANY NAME <i>(If applicable)</i>					AUSTRALIAN COMPANY NUMBER (A.C.N.) <i>(If applicable)</i>																
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PARTNERSHIP NAME <i>(If applicable)</i>					AUSTRALIAN BUSINESS NUMBER (A.B.N.) <i>(If applicable)</i>																
					<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																
APPLICANT STATEMENT																					
<p>Have you or any director committed a disqualifying act as defined by the <i>Fair Trading (Motor Vehicle Repair Industry) Act 2010</i> (the Act) including:</p> <ul style="list-style-type: none"> <li>A contravention of the Act (including requirements made by the Commissioner under the Act) or a corresponding law of a State</li> <li>A contravention of a condition of a licence; or a contravention of the <i>Fair Trading (Motor Vehicle Repair Industry) Code of Practice 1999</i></li> <li>An offence against the <i>Competition and Consumer Act 2010 (Cwlth)</i></li> <li>An offence against the <i>Australian Consumer Law (ACT)</i> or a corresponding law of a State; or an offence against a law of the Territory, the Commonwealth, a State, another Territory or a foreign country punishable by imprisonment for longer than 1 year</li> </ul>										<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No											
<p>I, _____, confirm that the information supplied in this application is true and accurate and understand that the provision of false or misleading information is an offence.</p> <p>Signature: _____ Date:   /   /</p>																					

**PARTICULARS OF PREMISES** *(Complete a separate form for each premises)*

LICENCE NUMBER	NUMBER OF PREMISES	NUMBER OF MOBILE REPAIR VEHICLES <i>(If applicable)</i>
<b>PREMISES ADDRESS</b> <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>		
<b>REGISTERED BUSINESS NAME</b> <i>(If applicable)</i>		
<b>CITY / SUBURB / TOWN</b>	<b>STATE / TERRITORY</b>	<b>POSTCODE</b>
<b>POSTAL ADDRESS DETAILS</b> <i>(If different to premises address)</i>		
<b>CITY/ SUBURB/ TOWN</b>	<b>STATE / TERRITORY</b>	<b>POSTCODE</b>
<b>CONTACT TELEPHONE NUMBER OF PREMISES</b>	<b>CONTACT FAX NUMBER OF PREMISES</b>	
<b>CONTACT MOBILE NUMBER OF PREMISES</b> <i>(If applicable)</i>	<b>CONTACT EMAIL ADDRESS OF PREMISES</b> <i>(If applicable)</i>	

**TOTAL NUMBER OF EMPLOYEES AT ALL PREMISES**

<input type="checkbox"/> 0 – 5 employees	<input type="checkbox"/> 6 – 20 employees	<input type="checkbox"/> 21 or more employees
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**COMPLETED FORMS TO BE RETURNED****In Person:**

Office of Regulatory Services  
255 Canberra Avenue  
Fyshwick ACT 2609  
Hours: 9.00am – 4.30pm

**By Post:**

Office of Regulatory Services  
Business and Industry Licensing  
GPO Box 158  
Canberra, ACT 2601