

Application for a Certifier's Licence

Vehicle Safety Compliance Certification Scheme (VSCCS)

Before completing this application form, you **must** read *Becoming a VSCCS Licensed Certifier*, available from the VSCCS page on Roads & Maritime Services (RMS) website (www.rms.nsw.gov.au/vsccs). This guide includes important information about the obligations of a licensed certifier and how your application will be assessed.

1. Personal details

Please provide some information about yourself (*the individual making this application*).

Surname

Given names

Residential address (*where you live – this is required for identity and criminal history checks*)

 Postcode

Mailing address – for mail about this application (*this may be a personal or a business mailing address*)

 Postcode

Daytime contact number

Mobile number

Email address – for communications about this application (*this may be a personal or a business email address*)

Date of birth

 / /
day month year

Country of birth

State of birth

Town of birth

Drivers licence number

State

2. Business details

Please provide some information about the business where you plan to work as a VSCCS licensed certifier. It may be a business you own, are a partner in, or one you work for.

Trading name

Registered business address

 Postcode

Business details (*continued*)

If the business is not owned by you (*the individual making this application*), who owns or runs the business (CEO, Director, etc)?

Business contact number

Australian Business Number (ABN)

Australian Company Number (ACN) (*if the business is incorporated*)

3. What licence categories would you be interested in applying for?

Please tick (✓) for more details refer to page 3.

Field of Competency	Vehicle Category				
	(M)	(P)	(B)	(L)	(H)
C1 Braking systems (modified vehicles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2 Driving controls and aids (modified vehicles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3 Seating and occupant protection (modified vehicles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4 Engine, fuel systems etc (modified vehicles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5 All other systems (modified vehicles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IP Imported vehicles (whole vehicles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AOV All other vehicles (whole vehicles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: You will need to be able to demonstrate competence in all of the licence categories that you have ticked.

For more information on licence categories, refer to *Becoming a VSCCS licensed certifier* (available from the RMS website).

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Please return your completed form to:

Vehicle Safety Compliance Certification Scheme (VSCCS)

PO Box 122, Glen Innes NSW 2370

www.rms.nsw.gov.au | 13 22 13 | T 1300 336 206 | F 1300 397 040 | E vsccs@rms.nsw.gov.au

4. What qualification(s) do you have that meet the minimum entry requirement of a certificate IV in a relevant discipline? Refer to *Becoming a VSCCS Licensed Certifier*, available from

(www.rms.nsw.gov.au/vscCs)

Note: Most trade certificates are a Australian Qualification Framework level three (certificate III), therefore would not meet the minimum entry requirement for qualifications.

Please attach a copy of transcript or certificate of qualification(s).

This information will be used to make a preliminary assessment of your competence. In addition to what you include here, you may attach a curriculum vitae (CV).

a. Name of qualification

Institution or organisation offering qualification

Year qualification completed

b. Name of qualification

Institution or organisation offering qualification

Year qualification completed

5. What experience do you have?

Please list up to three jobs or positions you have held that best support your application. This information will be used to make a preliminary assessment of your experience. In addition to what you include here, you may attach a curriculum vitae (CV).

a. Job title/type of work done

Employer/business name

The year you started this work

Number of years doing this work

Name of a person that can verify your experience there (e.g. a manager, a supervisor, the business owner)

Daytime contact number for this person

b. Job title/type of work done

Employer/business name

The year you started this work

Number of years doing this work

Name of a person that can verify your experience there (e.g. a manager, a supervisor, the business owner)

Daytime contact number for this person

c. Job title/type of work done

Employer/business name

The year you started this work

Number of years doing this work

Name of a person that can verify your experience there (e.g. a manager, a supervisor, the business owner)

Daytime contact number for this person

6. Do you intend to certify vehicles that you perform work on?

- Yes **An Application for Self-Certification form will be sent to you for completion (form 1622)**
- No

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7. Declaration (please read carefully before you sign)

I accept that submission of this application does not guarantee the application proceeding or the approval of or issuing of a VSCCS certifier's licence when that scheme commences. I understand that failure to supply full details, relevant documentation and sign this declaration can result in the application not proceeding.

I consent to the disclosure of information by other organisations as required by RMS to verify any details I have given in this application. If my application is successful, I further consent at the discretion of RMS, for the disclosure by the above organisations of any detail concerning my character or relating to my fitness to maintain a licence.

I understand that my 'personal information' is being collected for an Application for a Certifier's Licence. Personal Information including any image is collected and held by the Roads and Maritime Services (RMS), 101 Miller Street, North Sydney NSW 2060. I have a right to access or correct my 'personal information' in accordance with the provisions of the relevant privacy legislation. The information supplied may be disclosed in accordance with the exemptions provided in the *Privacy and Personal Information Protection Act 1998*.

I declare that the information I have given in this application is true and correct. I understand that if any information I have given is found to be false this application will be disregarded. I understand that RMS will conduct checks of its records to confirm correctness of the information provided.

I understand that a VSCCS certifier's licence will not be issued if I cannot comply with the requirement to be suitably qualified and a fit and proper person to hold a licence.

I understand that if my application to become a licensed certifier is found to be unsuccessful, then the application fee is non-refundable.

I understand that a VSCCS certifier's licence may be issued unconditionally or subject to conditions including compliance with conditions of licence made from time to time.

I understand that if a licence is issued and I intend to vary my licence conditions, there is a non-refundable fee to be paid.

Signature (the individual must sign)

Date

day	/	month	/	year
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8. Check list

Before you submit your application, please ensure you have completed the following:

- Read and understand 'Becoming a VSCCS licensed certifier - A guide to applying for a certifier's licence'.
- Included a **current email address** in Section 1.
- Confirmed you meet the minimum entry qualification requirement of at least a certificate IV in a relevant discipline. (refer to Question 4)
- Attached certified copies of evidence of your claimed qualification(s) (refer to Question 4)
- Attached a current CV.
- Attached certified copies of original acceptable proof of identity (POI) documents (refer to RMS brochure, 'How to prove who you are' available at any registry or our website at www.rms.nsw.gov.au.)
- Signed and dated the declaration** in section 7.

9. Submitting your application and payment of application fee

Note: Application fee is non-refundable

By email: Please call RMS' Contact Centre on 13 22 13 and advise the Contact Services Officer that you wish to make a payment under a miscellaneous payment code VSA (\$523).

Then record the receipt number below.

RMS receipt number

Scan and email your completed and signed application to vsccs@rms.nsw.gov.au

By mail: Send completed form and payment to:
VSCCS
PO Box 122
Glen Innes, NSW 2370

Note: cheques must be made payable to 'Roads and Maritime Services'

Equivalent ADR vehicle categories	Motorcycles (M)	Passenger vehicles and omnibuses (GVM <= 4.5 t) (P)	Omnibuses (GVM > 4.5 t) (B)	Light commercial vehicles (L)	Medium and heavy vehicles and trailers (H)
2nd edition	CY, motor bike, moped, motor tricycle	PC, FC, PD, PM, LG OM1, OM2, OM3, PM	OM4	LG (up to 4.5t), PM	HG
3rd edition	LA, LB1, LB2, LC, LD, LE, LEM, LEP, LEG	MA, MB, MC, MD1, MD2, MD3 TA, TB, TC1	MD4, ME	NA, NB1	NB2, NC, TC2, TD