

Heavy vehicle specialist certification

Static roll threshold (SRT) inspecting organisation/ vehicle inspector application

All questions must be answered truthfully. Failure to complete any question may result in the application being returned. Appointments will be made under 2.2(1)(i) of Land Transport Rule, Vehicle Standards Compliance 2002.

Application information

Name

Name of business

Business address

Postal address (if different from above)

Telephone number

Fax number

Mobile phone number

Email address

Are you presently employed as an inspector?

Yes No

If yes, provide your inspector ID

Certification information

Certification categories being applied for as a local manufacturer

- Static Roll Threshold, Level 1 (HVS1)
 Static Roll Threshold, Level 2 (HVS2)
 Static Roll Threshold, Level 3 (HVS3)

Business

Describe your business

Approximate number of trucks/trailers per annum **repaired**:

Approximate number of trucks/trailers per annum **built**:

Total number of **full-time equivalent staff**:

Number of staff holding a **welding certificate**:

Insurance

Do you currently have public liability insurance (minimum of \$250,000)?

- Yes - please provide evidence.
 No - state when you intent to have this in place.

Do you currently have professional indemnity insurance (minimum of \$1,000,000)?

- Yes - please provide evidence.
 No - state when you intent to have this in place.

Procedure documentation sheet

Do you currently have a procedure documentation sheet?

- Yes - please provide evidence.
 No - state when you intent to have this in place.

Fit and proper person check

Criminal history: Have you ever been convicted of a criminal offence?

- No
 Yes - give details below

Offence	Date

If more room is required use a separate sheet

Have you ever had any transport related offences?

- No
 Yes - give details below

Offence	Date

If more room is required use a separate sheet

Have you had any complaints relevant to the services applied for?

- No
 Yes - give details below

Offence	Date

If more room is required use a separate sheet

In relation to any previous service have you ever had any warning from, or had your authority suspended or revoked by the NZ Transport Agency, its legacy organisations or the Ministry of Transport.

- No
 Yes - give details below

Offence	Date

If more room is required use a separate sheet

Consent and declaration

I declare that:

- I have read this application and the information in this application is correct. I authorise the New Zealand Transport Agency to obtain any information relevant to my application for appointment (under the Official Information Act 1982 and the Privacy Act 1993).
- If my application is accepted by the NZ Transport Agency, I understand will receive a *Notice of Appointment* and *Certificate of Appointment* before being appointed as an inspecting organisation/vehicle inspector and that once appointed I must comply with all the requirements in the *Notice of Appointment* and the *Vehicle inspection requirements manual* (VIRM).

Applicant's signature

Date

Witnesses signature

You are entitled to have access to, and may request correction of, any readily retrievable information about you held by the NZ Transport Agency.

Send completed applications to:

Service Supply Management
NZ Transport Agency
Private Bag 11777
Palmerston North 4442

Payment details

The fee for this application is \$1644.50

Please complete one of the payment options listed below.

OPTION 1

Enclose the application fee with this application. Please make your cheque payable to the NZ Transport Agency and note on the back the following information:

1. HEAIN
2. **Code:** 80000574
3. **Reference:** the name of the IO representative (surname + initials)

OPTION 2

Call us on 0800 699 000 with your credit card or debit card to pay over the phone. We will give you a reference number - please enter that number here:

Reference number

Please note: the Transport Agency accepts Visa, MasterCard and Debit Visa/MasterCard.