

Request to change licensed premises details Licensed Vehicle Tester (LVT)

Send package to:
Vehicle Safety Partners and Standards
GPO Box 2392
Melbourne, Victoria 3001

I,				
Print full name				
as the holder of Licensed Vehicle Testers Licence			LVT no. EX	
Old address			Postcode	

I/We wish to **add another/change** the premises I use for the inspection of vehicles.

New address			Postcode	
Trade name		Melway ref.		

This will be (please tick ✓)

- An additional site A change of address

The premises will be under my control and available for inspection from	Date	D	D	M	M	Y	Y	Y	Y
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I can be contacted on

Telephone number	Mobile number
Email	Fax number

I have attached (please tick ✓)

- Certified copy of lease or title or rates notice or sale of business
- Photos of premises and testing equipment
- A completed Automotive Workshop Inspection Checklist on the Transport Victoria website.
- Cheque for fees
- I have read the licence conditions and the application requirements and believe that the premises and equipment comply with those requirements.**

Signature of Director/Owner	D	D	M	M	Y	Y	Y	Y
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OFFICE USE ONLY

Job no.
Action officer