Supplementary restraint system report

Transport Victoria

This document may be used to demonstrate the acceptability of the vehicle for safe use on a highway.

This document must only be completed by a dealer authorised by the vehicle manufacturer.

The purpose of this document is to provide a declaration that the Supplementary Restraint Systems (SRS) and related systems have been tested and are operational to enable the issuing of a Vehicle Identity Validation Certificate or Certificate of Roadworthiness. It confirms an inspection of the systems has occurred on the date noted on this document. It Is not a guarantee that future problems will not arise or that all potential faults were identified.

Statement

I am authorised to state on behalf of the company identified below, (which is a Dealer authorised by the vehicle manufacturer) to fill out this form and declare that

☐ 1. **Crash damaged, where the vehicle has been dismantled, repaired and restored**

a. An electronic diagnostic check by a dealer of the vehicle manufacturer of this vehicle using the vehicle manufacturers approved test equipment has determined that all components of the Supplementary Restraint System (SRS) appear to be present and correctly installed and the system is operational.

b. I have attached a dealer invoice for all work carried out.

☐ 2. **Water immersed vehicle**

Where the vehicle has been Immersed in water, which includes the SRS ECU and SRS wiring;

a. the SRS ECU has been physically checked for water contamination and/or has been replaced and all SRS wiring links, including connections have been dismantled and checked for contamination or damage;

b. any replacement SRS component is new or has been refurbished or sourced from a 'non-water immersed' vehicle (invoice attached);

c. All air bags, seat belts and seat belt pre-tensioners have not been contaminated and are still serviceable;

d. all integrated circuitry (ABS, Traction Control, Stability Control etc) have not been compromised;

e. an electronic diagnostic check meeting the requirements above for a crash damaged vehicle check has been satisfactorily performed at the completion of all inspection and repairs.

Vehicle details

VIN	
Make	Model
Body type	Year of manufacture Y Y Y Y
Registration number	Engine number

Details of the authorised dealer of the Vehicle Manufacturer performing inspection

Name *(representative/manager)*	
Position	
Date of inspection D D M M Y Y Y Y	Phone number
Company name	ABN
Company address	
Suburb	Postcode
Company stamp	Signature

*Note: All sections of this document must be completed for it to be accepted.

Office use only

Please contact LVT / VIV representative listed below to discuss requirements before commencing work.

Name	Contact phone number

DTP0577 08/24 Authorised by the Department of Transport and Planning, 1 Spring Street, Melbourne

VICTORIA State Government | Department of Transport and Planning

ABN 69 981 208 782

Post: Vehicle Safety Partners and Standards, GPO Box 2392 Melbourne, Victoria 3001
Call: 1300 309 571 Web: transport.vic.gov.au