Annual Bus Inspection Application Form

Table 1

No of Buses	The Minimum No of buses liable for random inspection in 12 month period	Unacceptable non-conformance level
1	1	(1)
2	1	(1)
3	1	(1)
4	2	(1)
5	2	(1)
6	2	(1)
7	3	(2)
8	3	(2)
9	4	(2)
10	(4)	(2)
11	(4)	(3)
12	(4)	(3)
13	(5)	(3)
14	(5)	(3)
15	(5)	(4)
16	5	(4)
17	(5)	(4)
18	(5)	(4)
19	(5)	(4)
20	(5)	(5)
21	(5)	(5)
22	(6)	(5)
23	(6)	(5)
24	(6)	(6)
25	6	6

Part 3 – APPLICATION FOR ADMITTANCE TO THE SCHEME

Please Note:

If this application is approved, an operator's entire fleet will move to the Annual Bus Inspection Scheme. As a result, all vehicle inspection time frames will be moved back six (6) calendar months at the commencement of this agreement. ***Registration numbers of vehicles operated must be attached to this application for verification of inspection history****.*

Responsible Officers will be issued with new Vehicle Inspection Labels and must affix these to all vehicles under their control.

Name of operator (i.e. partnership, registered business or company name or individual)		
Business/Residential Address		
Postal Address		
Telephone Number	Fax Number	Email Address
Responsible Officer Details		
Name		
Title		
Home/Business Address		
Postal Address		
Telephone Number	Fax Number	Email Address

I …….the Responsible Officer of

……..Accreditation Number……

have read the Performance Standards for the Annual Bus Inspection Scheme and hereby nominate for membership to the Scheme.

Signed…….Date……