

Please email this form to: [roadworthy@roads.vic.gov.au](mailto:roadworthy@roads.vic.gov.au) or Fax to (03) 9811 8248

LVT No. EX	Date of Audit	D	D	M	M	Y	Y	Y	Y
Licence Name									

I have had a VicRoads Audit and the following matters that were found have been attended to:

**Non Conformances**

No.	Issue	Action Taken

I  being the holder/representative of the licence indicated above hereby declare that I have taken the above listed action(s) to resolve the non-conformance(s) identified by an Officer of VicRoads. Where necessary I have attached invoices or photographs as proof of my compliance.

Signature of Licence Holder/Representative	Date Signed	D	D	M	M	Y	Y	Y	Y
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Please find attached/Included
