

Send Package to:

**VicRoads**

**Vehicle Fitness Section**

**60 Denmark Street**

**Kew Vic 3101**

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**Please print full name**

as the holder of Licensed Vehicle Testers Licence

LVT No. **EX**

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

New Address					
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Trade Name	Melway Ref
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**This will be a** *(please tick ✓)*

Additional Site

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

Supply a completed Automotive Workshop Inspection Checklist (refer [vicroads.vic.gov.au/lvt/formsandfees](http://vicroads.vic.gov.au/lvt/formsandfees))

Cheque for fees

***I have read the licence conditions and the application requirements and believe that the premises and equipment comply with those requirements.***

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**Signature of Director/Owner**

**Date**

**VicRoads Use Only**

Log No
Action Officer