



## VICTORIAN ALCOHOL INTERLOCK PROGRAM

### Compliance Assessment Report (CAR) Request

Please complete the details below and email to Guardian using the Submit button above:

#### **Participant Details:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact Number \_\_\_\_\_

D.O.B \_\_\_\_\_ Licence No \_\_\_\_\_

Court Date \_\_\_\_\_ Court \_\_\_\_\_

Email \_\_\_\_\_

#### **Nominated Assessor:**

Your nominated assessor may have online access to reporting information. Completion of this section authorises access to your report online as well as release a copy of your Compliance Assessment Report.

Name \_\_\_\_\_

Company \_\_\_\_\_

Email Address \_\_\_\_\_

ASSESSMENT APPOINTMENT DATE \_\_\_\_\_

*Office Use Only:*

Acct \$0.00	Yes	No	Compliant	Yes	No
Time - Eligible	Yes	No	Entered in FM	Yes	