

Interlock Installer or Service Provider Application Form

1. Application type

Initial Renewal

This application is for an Approved Interlock:

- Installer and Service Provider
- Installer only
- Service Provider only

2. Applicant details

Last name

Given names

Address

Birth date (day/month/year)

Daytime telephone

T:	Mob:
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Email address

Relevant qualifications

Motor vehicle trade certificate number or equivalent:

Electrical trade certificate III Auto Electrician's certificate or state equivalent:

Professional experience (please list)

Have you ever been approved as an interlock Installer or Service Provider?

No Yes (give details below)

Have you ever had an approval as an interlock Installer or Service Provider revoked?

No Yes (give details below)

Have you ever been convicted of circumventing or tampering with an approved interlock device?

No Yes (give details below)

Business Name & Address of approved work premises

3. Criminal History

Have you been convicted of a relevant offence in the last five years, are an undischarged bankrupt or have you ever had an interlock driver licence suspended or cancelled?

No Yes (give details below)

4. Applicant's declaration

I declare that the information I have given in this application is true and correct.

I acknowledge that submission of this application does not guarantee approval as an Interlock Installer or Service Provider. I understand that my personal information is being collected and held by Guardian Interlock Systems Australasia Pty Limited 8/11 Packard Ave, Castle Hill NSW 2154. I have a right to access or correct my personal information in accordance with the provisions of the relevant privacy legislation. The information supplied may be disclosed in accordance with the exemptions provided in the Privacy and Personal Information Protection Act 1998.

Applicant's signature

Date (day/month/year)

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5. Guardian Program Manager's declaration

I certify that the applicant is suitably qualified and capable to install, service and remove alcohol interlocks.

I declare that the applicant has access to the necessary equipment and support from the Program Manager to perform his or her duties as an Installer or Service Provider and has the appropriate security measures in place to safeguard Personal and Program information and has been requirements to be adhered to in the relevant state program.

Approved Declined

Renewal date: _____

NSW/WA/ACT – 3 years

QLD/VIC/TAS/SA/NT – 5 years

Program Manager's name

Les Libbesson (or authorised representative)

Program Manager's signature

Date (day/month/year)

/ / 20

Office Use Only:

Attachments:

- Police Check
- Pledge of Confidentiality
- Trade Card or equivalent qualification
- Probity Form (TAS Only)