

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)

/ / 20

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)

Confidentiality Deed for Employees or Service Agents given access to Information

I acknowledge that in the course of my official duties for genuine and operational purposes I may be granted access to, or use of, licensing or registration information obtained by Guardian that is of a personal nature about the person to whom it relates ('Protected Information'). In addition, I may become aware of data about the person's performance on the MAIP. Disclosure of such information may constitute a breach of privacy legislation, and lead to *prosecution*.

I agree as follows:

1. I will only access and use information to the extent that it is necessary for genuine and operational reasons in the performance of my official duties.
2. I will not disclose information to any person (other than to another employee who requires the information to carry out his or her official duties).
3. I will do everything I can to prevent other people from accessing the information. I will not leave protected information, or copies of records of it, in any place where it is accessible by others.
4. I will notify my employer and Guardian as soon as I become aware of any threat to the confidentiality or security of information or breach of the MAIP. I will cooperate with my employer and with Guardian in any action either of them takes to protect that confidentiality or security.
5. If I am given user access code or password to enable me to access the information:
 - a) I will not give the user access code or password to anyone;
 - b) I will not write it down anywhere;
 - c) I will make sure I log off from any application through which I have access to information when I am not using the information; and
 - d) I will make sure my user access code or password is de-activated when I no longer need to access the information.

Acknowledgement:

Name: _____

Company or Business Name: _____

Signature: _____

Date: _____

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QMS-Security & Privacy	Only electronic copy on server is controlled	Page 1 of 1



SECURITY MEASURES TO PREVENT UNAUTHORISED ACCESS

1. Unique password to operate software.
2. Dedicated PC for Program Management Software (when supplied).
3. All tamper seals, approval labels, warning labels kept locked in secure cabinet when not in use.
4. All equipment and documentation kept in separate areas to prevent participant or other unauthorised access.
5. All personal information kept in secure cabinets while held before despatch to Guardian.
6. Personal commitment to protect personal information.

Name: _____

Centre: _____

Signed: _____ Date: _____

Guardian Interlock Systems Australasia Pty Ltd

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Quality
ISO 9001
Lic 22831
SAI GLOBAL



Australian
Standard
AS 3547
SMKH 22081
SAI Global