



# Registration Form for a Test Facility in the Road Vehicle Certification System (RVCS)

**Document**  
 Licensee's reference for this document  
*(Use only 12 characters. Note 1)*

Date (dd/mm/yyyy)

**Form Use**  
**Is this form being used to:**

**OR**  **AND/OR**

Register a new Test Facility *If so, complete all details except the Test Facility ID.*   
 Modify the details of an existing Test Facility *If so, provide the (RVCS) Test Facility ID below and complete **only** those entries which have changed. Leave all other entries blank.*   
 Add an ADR capability to a Test Facility *List additional ADRs to the LHS table on page 2.*

Test Facility ID:

**Test Facility Details**

Organisation Name (Required)	
Trading Name	
Australian Company Number	
Registered Business Number <i>(if applicable)</i>	

*Note: When entering addresses, only specify 'Country' if address is overseas. If there is a country in the address then it is assumed this is an overseas address, otherwise it is assumed the address is local.*

Physical Address	Address			
	City/Suburb			
	State	Postcode		
	Country			
Postal Address	Address / PO Box			
	City/Suburb			
	State	Postcode		
	Country			

	Country	Area	Country	Area	Overseas Fax ? <input type="radio"/>
Switchboard No.			Fax		
Email Address			Status		
Related Licensee <i>(if applicable)</i>					

**Contact Details**

Title	Surname	First Name			
Position in company					
	Country	Area	Country	Area	Overseas Fax ? <input type="radio"/>
Phone		Fax			
Mobile			Email		

