

# Change operator particulars

## General information

This form is for operators seeking to amend their details held in relation to their current NHVAS accreditation.

Use this form to:

- Change address and contact information
- Change company and related information
- Criminal history (AFM only) if requested

Do not use this form if you are not already an accredited operator.

**Nominate the details you are changing by ticking the boxes below.**

### Accredited operator details

Operator name (must be company or individual)

NHVAS accreditation number

Australian Company Number (ACN)    Individual (Licence Number)

Trading as name (if applicable)

Registered company address (or business address for individual)

  
 State  Postcode 

Primary physical operating address (where audits are to be performed)  
*Capture additional physical operating addresses in the NHVAS additional information spreadsheet.*

  
 State  Postcode 

Operator postal address (If the same as Registered Company address enter "as above")

  
 State  Postcode 

### Jurisdiction of accreditation

Enter the jurisdiction where you are currently accredited.

### Primary contact person's details

*Capture additional primary contact person's details in the NHVAS additional information spreadsheet.*

Add                      Remove

Contact name (must have authority to act on behalf of the operator)

Title / position

Business phone number

Business fax number

Mobile phone number

Email address

Preferred method of contact (please select one only)

- |                                 |                                |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> Phone  | <input type="checkbox"/> Email |
| <input type="checkbox"/> Fax    | <input type="checkbox"/> Post  |
| <input type="checkbox"/> Mobile |                                |

### Accredited operator declaration

I hereby declare that all details provided in this application are true and correct. Making a false statement to the NHVR may attract significant penalties under section 701 of the Heavy Vehicle National Law.

Applicant's name

Third party

Title / position

Email address

Applicant's signature

If providing an electronic signature please consent to the following:

I accept the electronic signature has the same status as a signed signature.

[PRIVACY STATEMENT](#)

Date signed

 /  / 

*The full privacy statement can be read in full on page 2.*

## Privacy Statement

The NHVR is collecting your personal information to establish accreditation within the Mass, Maintenance or Fatigue Management modules of the National Heavy Vehicle Accreditation Scheme under Chapter 8 of the Heavy Vehicle National Law Act. We are authorised under this Act to collect information we reasonably require to decide this application.

We may disclose protected information contained in your application for the purposes set out in section 727 of the Act to an entity (including a private or public sector entity) identified in that section. This can include disclosure to an authorised employee or agent of the entity.

We may disclose protected information to a law enforcement agency, including a service provider authorised to enforce the Heavy Vehicle National Law nationally. A police agency may disclose protected information disclosed to or otherwise held by it to another police agency authorised to hold protected information.

## Contact details

Submit completed applications and supporting information online or by mail, fax or email as listed below:

Online [www.nhvr.gov.au/forms/submission-form](http://www.nhvr.gov.au/forms/submission-form)

Mail  
Accreditation  
National Heavy Vehicle Regulator  
PO Box 492  
Fortitude Valley QLD 4006

Fax 1300 736 798

Email [forms@nhvr.gov.au](mailto:forms@nhvr.gov.au)

To contact the NHVR Accreditation Team:

Call 1300 MYNHVR (1300 696 487)  
Standard 1300 call charges apply  
Please check with your phone service provider

Visit [www.nhvr.gov.au](http://www.nhvr.gov.au)