



**LODGEMENT INFORMATION**

**In person:** Department for Transport, Energy and Infrastructure (DTEI), 1 Wright Road, Walkley Height SA 5098  
**By post:** DTEI, Heavy Vehicle Accreditation and Audit, GPO Box 1533, Adelaide SA 5001

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**Website:** [www.sa.gov.au/heavyvehicles](http://www.sa.gov.au/heavyvehicles)

ABN: 92 366 288 135

**READ THIS FIRST**

This application is for operators seeking to renew their existing membership in the National Heavy Vehicle Accreditation Scheme (NHVAS). The Department for Transport, Energy and Infrastructure will administer and monitor membership in accordance with the *Road Traffic (Approved Road Transport Compliance Schemes) Regulations 2008* and NHVAS Business Rules.

If there are any changes to your nominated vehicle list(s) complete and attach an *Application for NHVAS Amendment (MR1180)*.

The operator must **read, complete** and **submit**, all relevant Sections of this application and attach the completed:

- *National Heavy Vehicle Accreditation Audit Report*
- *Application for NHVAS Amendment (MR1180) (if amendment to details)*
- *NHVAS Compliance History Statement (Fatigue Management) (MR1183) (BFM & AFM only)*

The information provided on this form is protected according to the South Australian Government's information Privacy Principles, but may be subject to access under the *Freedom of Information Act 1991*. The *Freedom of Information Act 1991* gives a person the right to be given access to information held by the Government in accordance with the Act.

**1. MODULE(S) TO BE RENEWED**

**Maintenance Management**

**Mass Management**

Fatigue Management option:

**Basic Fatigue Management (BFM)**

**Advance Fatigue Management (AFM)**

Yes      No

Do you want to align accreditation expiry date(s) with other module(s)?

*If Yes an officer from Heavy Vehicle Accreditation and Audit will contact you to arrange appropriate date(s).*

**2. ACCREDITED OPERATOR'S DETAILS**

Accreditation number:

Operator/ company name:

Operator's business address:

Postal address or address for service of documents:

(If same as business address write 'As Above')

Business telephone number:

Facsimile number:

E-mail address:

Contact person:

Mobile number:

Title/ position in company:

### 3. CONDITIONS APPLICABLE TO ACCREDITATION

1. The applicant, nominated vehicles (Mass and Maintenance Management) and nominated drivers (Fatigue Management) under an operators accreditation must comply with the requirements under the:
  - ❖ *Road Traffic Act & Regulations*
  - ❖ National Heavy Vehicle Accreditation Scheme Business Rules
  - ❖ National Heavy Vehicle Accreditation Scheme Standards
  - ❖ National Heavy Vehicle Accreditation Scheme Audit Matrix
  - ❖ National Heavy Vehicle Accreditation Scheme Sanction Model
2. The applicant must be operating a maintenance management and/ or mass management and/ or fatigue management system to ensure compliance with the NHVAS Business Rules and Standards.
3. The applicant must maintain accreditation in accordance with the NHVAS Business rules.
4. The applicant must provide Compliance Statements (as specified in the NHVAS Business Rules) to the Department for Transport, Energy and Infrastructure (DTEI), on request. Failure to do so may result in the cancellation, suspension or modification of the applicant's accreditation, by the DTEI.
5. The applicant must notify the DTEI of any changes to its nominated vehicle list(s) within 14 days of the changes taking place.

### 4. OPERATION DECLARATION

I understand that the accreditation granted through compliance with the provisions of the *Road Traffic (Approved Road Transport Compliance Schemes) Regulation 2008* may be revoked, suspended or varied by the Authority at any time by notice in writing.

I am aware that information provided in this application and any future information regarding accreditation may be provided to another agency or jurisdiction.

I confirm that I have read and understand the conditions applicable to the National Heavy Vehicle Accreditation Scheme as outlined in Section 3 of this application.

I hereby declare that I have a management system(s) to ensure compliance with the NHVAS Business Rules and Standards and that all details in this application, including attachments, are true and correct.

Name of authorised person:

Title/ position in company:

Signature of authorised person:

Date:

**A person must not, in providing any information, make a statement that is false or misleading. Penalties apply.**

# OFFICE USE ONLY

## RECEIPT OF THE APPLICATION

Application receipt number:

Date application received:

  

## ASSESSMENT OF THE APPLICATION

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Has the NHVAS Management system been certified by a registered Auditor?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the National Heavy Vehicle Accreditation Audit Report been assessed?<br>(Audit Report and Assessment (MR1182) attached) | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the application recommended for approval?  | <input type="checkbox"/> | <input type="checkbox"/> |

APPROVED / NOT APPROVED

.....  
GENERAL MANAGER  
TRANSPORT SAFETY REGULATION

DATE: / /

Comments:

Accreditation officer's name:

Accreditation officer's signature:

Date:

  

## NHVAS SYSTEM

Operator name:

Operator accreditation number:

Date entered on NHVAS:

  

Invoice amount:

Date invoice paid:

  

Accreditation certificate number:

Accreditation effective date:

  

Accreditation certificate issued by:

Date issued: