Accreditation Scheme Enquiry Form NHVR						
Accreditation Name						
Company	Individu	ual	Name	ame		
Company / Individual Address				State	Post Code	
Suburb/Town					2	
Postal Address (if different)				State	Post Code	
Suburb / Town						
Contact Person:			Position:			
Phone:			Email:			
Modules						
Mass	Maintena	nance Basic Fatigue Managemen			Advanced Fatigue Management	
Policy & Procedures						
Do You Require A Set Of Policy & Procedures For The Accreditation? Yes No						
Required Documentation						
Mass * Documentation Is Required Before Audit Report Can Be Submitted						
Yes No Current registration papers for Prime Mover(s)						
Yes No Road friendly letters / Statement for equipment						
Maintenance* Documentation Is Required Before Audit Report Can Be Submitted						
Yes No Current registration papers for Prime Mover(s) & trailing equipment						
Yes No Current (less than 12 months old) Roadworthy Certificate for Prime Mover(s) & trailing equipment						
Fatigue * Documentation is required before the audit report can be submitted						
Yes No Current drivers licence Yes No Medical certificate (for drivers only)						
Yes No Schedular – Fatigue Management Training TLIF 0006 (or equivalent)						
Yes No Driver – Fatigue Management Training TLIF 0005 (or equivalent)						
Accreditation Details ————————————————————————————————————						
Number Of Vehicles	Mass		Mainte	enance		
Number Of Personnel For Fat	igue Module	7				
Schedulers	Drivers		Scheduler / Dri	ver	,	
Further Information / Instruc	tions:					