



Owner and vehicle details

Vehicle Owner's name and address

ZARKO JARIC
UNIT 11 - 29 BLANK STREET
ORMEAU Postcode 4208

Plate number (if applicable) State

961 L 44 QLD

VIN/Chassis number

VIF77D9HXCB67029556

Make

CITROEN

Model

BERLINGO

Body shape

VAN

Series (for example, EA)

m59

Badge (for example, Longreach Tradesman)

Number of cylinders/rotors

4

Fuel type (if gas, a current gas certificate is required for registration purposes)

DIESEL

No. of doors (incl. hatch)

4

Engine number

JBCB0004384

Compliance type

Compliance Plate Import Plate Other Give details

Date on plate

0108

Vehicle colour

WHITE

Seating capacity

3

Left or right hand drive? Tare

Left Right

GVM (if applicable)

Results of inspection

Please indicate Pass Fail

	First inspection	Final inspection
Identification	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Seats and restraints	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lights and electrical components	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windscreen and windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Body and chassis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Steering and suspension	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wheels and tyres	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Brake components	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engines and drivelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exhaust emissions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Road test	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Service brake test	<input checked="" type="checkbox"/> 80 %	<input type="checkbox"/> %
Hand brake test	<input checked="" type="checkbox"/> 37 %	<input type="checkbox"/> %

LV-N 453203 3

Details of other items rejected

Mobile Approved Inspection Station (AIS) unit - location of vehicle inspection

As Above

First inspection

Result

Inspection date

01/10/15

Inspection time

1:00 pm

Odometer reading

63443

Mobile AIS unit odometer reading

124281

Signature of examiner

[Signature]

Examiner's no.

17763

Final inspection (must not be more than 14 days from date of first inspection)

Result

Inspection date

/ /

Inspection time

: am pm

Odometer reading

Mobile AIS unit odometer reading

Signature of examiner

Examiner's no.

Inspection Station details

Name and location

EAST COAST MOBILE SAFETY CERTIFICATE
11/20 Blank St. Ormeau Q. 4208
1800 792 001 Postcode

AIS number

8497

Mobile AIS unit registration number

09 RWC

Certification

Approved Examiner - I have inspected the vehicle indicated on this form in strict accordance with the guidelines set out in the Code of Practice Vehicle Inspection Guidelines and have found no defect that would affect its safe use on the road and it meets the requirements of the Transport Operations (Road Use Management) Act.

Inspected by - signature of examiner

[Signature]

Date

01/10/15

Name of examiner (please print)

[Name]

Examiner's no.

17763

Proprietor - I have ensured that the requirements of the Transport Operations (Road Use Management) Act relating to the issue of this certificate have been complied with.

Issued by - signature of proprietor

[Signature]

Date

01/10/15

Name of proprietor (please print)

[Name]