

Appendix 9: Certificate of completion

Modification to vehicle:

(Make, model & registration no. of vehicle)

This section should be completed by the prescribing occupational therapist/occupational driver assessor

I, _____ the prescribing occupational therapist/occupational driver assessor have inspected the vehicle modification carried out on the vehicle specified above and confirm that this modification meets the functional needs of my client _____ (name of client).

Signed: _____
(prescribing occupational therapist/occupational driver assessor)

Date:

This section should be completed by the vehicle modifier where VASS certification is required:

I, _____ (vehicle modifier) have confirmed that the above mentioned vehicle was inspected by a VASS engineer on _____ (date) and a VASS certificate has been issued _____ (VASS Certificate number).

Further, (gY`YVh applicable `cdh]cb)

1. I have forwarded this certificate to the client and advised them that it must be lodged with VicRoads within 30 days of issue.
2. I have lodged the VASS certificate directly with VicRoads on behalf of the client.

Signed _____ (Vehicle modifier) Date:

This section should be completed by client

I _____ (name of client) agree that the work specified in quotation no. _____ has been completed satisfactorily by _____ (vehicle modifier). I agree that the Vehicle Modification Subsidy Scheme component of the payment be made as per Ballarat Health Services Purchase Order no. _____.

Signed _____ (Print Name) Date / /

Witnessed _____ (Print Name) Date / /