

# APPLICATION FOR ACCREDITATION



## Vehicle Testing Association

### Accredited

## VEHICLE TESTING ESTABLISHMENT

### *CONDITIONS OF MEMBERSHIP*

Members of the Retail Motor Industry (RMI) who have the necessary facilities, equipment and qualified staff to comply with the required standards, and are prepared to abide by the Code of Business Practice, may make application to become a member of the RMI's **Vehicle Testing Association**.

A person or company who qualifies for entry with regard to equipment and personnel shall be entitled to display the RMI and Vehicle Testing Association (VTA) emblem or other insignia, which indicates to the general public that the business concerned is either that of an ACCREDITED VEHICLE TESTING ESTABLISHMENT

The requirements shall prescribe conditions for membership, and upon the applicant obtaining membership shall apply as continuing conditions of membership. Please complete this form and return to the relevant address reflected on the back page:

RMI - Retail Motor Industry Organisation  
Jakkie Olivier Chief Executive Officer  
tel: +27 11 886 6300  
330 Surrey Ave, Ferndale, Randburg, 2194, Gauteng  
P. O. Box 2940, Randburg, 2125  
www.rmi.org.za  
Reg. No: LR 26345

VTA - Vehicle Testing Association  
Julian Pillay National Director  
tel: +27 31 266 7031 email: julian.pillay@rmi.org.za  
3A 3rd Floor, The Ridge, Torsvale Office Park  
8 Torsvale Crescent, Umhlanga, KwaZulu-Natal, 4319  
P. O. Box 403, Westville, 3629, KwaZulu-Natal  
www.rmi.org.za

# VEHICLE TESTING ASSOCIATION

## GENERAL REQUIREMENTS

### ACCREDITED MEMBERSHIP APPLICATION FORM

**Date of Application**

**RMI Membership No**

**Company Name**

**Proprietor**

**Nominated Representative**

**Trading Name of Firm**

**Physical Address**

**Postal Address**

**Tel**

**Fax**

**Email**

I/We wish to become a member of the Vehicle Testing Association and agree to be bound at all times by the required standards, rules and by-laws of the VTA and the RMI.

Kindly indicate which type of membership and category you wish to apply for: -

Associate Membership: T1  . **Vehicle Test Centre**

Development: T2  . **Vehicle Test Centre**

Accredited Membership: T3  . **Vehicle Test Centre**

Business Franchise: (if any) \_\_\_\_\_

Product Franchise/s: (if any) \_\_\_\_\_

**NOTE: Accreditation applicants must complete the attached schedule of requirements REFERENCES:**

Please nominate three (3) references from current RMI members or trade references, listing business names, address, contact person and telephone number:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

3.

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**PLEASE NOTE:**

The VTA Executive Committee reserves the right to interview any applicant to the Association.

I/We, the undersigned have noted all the Rules and By-Laws incorporating the Code of Practice of the National Vehicle Testing Association of the Retail Motor Industry Organisation and agree to abide by these Rules and By-Laws and Code of Practice.

I/We agree to abide by any ruling or decision of the VTA Ethics Committee and solemnly declare that my / our business complies with the requirements of membership of the **VEHICLE TESTING ASSOCIATION**.

I/We readily agree to an inspection of our premises, equipment, etc. by duly authorised member of the RMI staff or representative at any time during normal working hours.

I/We also agree that in the event of my / our ceasing to qualify for membership of this Association, I/We will immediately notify the RMI in writing of this fact and remove from display and advertising, the Organisational and Associational emblem. I/We further undertake to abide by the aforementioned in the event of my/our membership subscription stop-order payments not being honoured timeously.

I (*the nominated representative*) \_\_\_\_\_ certify that the above information is true and correct.

Signed: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only:

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## **RMI ADDRESS DETAILS**

### **NATIONAL OFFICE:**

Surrey Square Office Park  
330 Surrey Avenue  
Ferndale  
RANDBURG  
P O Box 2940  
RANDBURG  
2125  
Telephone: (011) 789 2542  
Fax (011) 789 4525

:

### **CENTRAL REGION:**

#### **GAUTENG OFFICE:**

Surrey Square Office Park  
330 Surrey Avenue  
Ferndale  
RANDBURG  
Telephone: (011) 886 6300  
Fax (011) 886 6700

:

#### **PRETORIA BRANCH:**

77 Ringwood Road  
Lynwood Manor  
0081  
P O Box 75880  
Lynwood Ridge  
0040  
Telephone: (012) 348 9311  
Fax (012) 348 9265

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#### **BLOEMFONTEIN BRANCH:**

102 Exporama Building  
24 Elizabeth Street  
Bloemfontein  
9301 P O  
Box 588  
Bloemfontein  
9300  
Telephone: (051) 430-3294  
Fax (051) 430-4363

:

### **KWA-ZULU NATAL REGION:**

Unit 3A  
3RD Floor, The Ridge  
Torsvale Office Park  
8 Torsvale Crescent  
Umhlanga  
4319  
P O Box 403  
WESTVILLE  
3630  
Telephone: (031) 266 7031  
Fax (031) 266 7308

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P. O. Box 403, Westville, 3629, KwaZulu-Natal  
www.rmi.org.za

**CAPE REGION:**

**CAPE TOWN OFFICE:**

RMI House  
19 Picton Street  
PAROW  
7500

P O Box 755  
PAROW  
7499

Telephone: (021) 939 9440  
Fax (021) 939 9336

:

**PORT ELIZABETH BRANCH :**

Valencia House  
68 6 th Avenue  
c/o Newton Street & 6 th  
Avenue  
Newton Park  
PORT ELIZABETH  
6055

P O Box 34111  
Newton Park  
PORT ELIZABETH  
6055

Telephone: (041) 364-0070  
Fax (041) 364-0333

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