

## Appendix 9: Certificate of completion

Modification to vehicle:

(Make, model & registration no. of vehicle)

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***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:

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***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:

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***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 / /