





Transport Victoria Licensed Vehicle Tester – UB0112AU

VET (TAFE) Enrolment Form

If sending by mail, please mark 'Attention LVT Program' POST PO Box 663 Ballarat VIC 3353 Australia

EMAIL lvt@federation.edu.au | WEB federation.edu.au CALL (03) 5327 8071 or 1800 FED UNI | ABN 51 818 692 256

Federation Stude	nt ID No. (if known)						
Personal Details		Note:					
Given name/s		Please write the EXACT name that					
Family name		you used when you applied for your Unique Student Identifier (USI) including any middle names.					
Title	○ Mr ○ Mrs ○ Miss ○ Dr ○ Other (please specify):						
Gender	F Female/Woman M Male/Man N Non-Binary D Different term P Prefer not to answer						
Date of birth		All questions must be answered for the enrolment to be processed. Please print in block letters using a					
Country of birth	Australia Other (please specify):						
Are you Aboriginal or	Torres Strait Islander origin?	blue or black pen.					
O No O Yes, Abo							
Citizenship/ Residency Status	Australian Citizen						
Driver Licence No.							
Address Details		Please provide the physical address					
Address		of where you usually live – street number and name not post office box.					
		Do not provide any temporary address					
Suburb/Town	State/Territory Post code	at which you reside for training, work or other purposes before returning to					
Mailing address (if di	ferent from above)	your home. If you are from a rural area use the address from your state or					
Address		territory's 'rural property addressing' or					
		'numbering' system as your residential street address.					
Suburb/Town	State/Territory Post code						
Phone (preferred)		You MUST provide at least one phone					
Phone (other)		number You MUST provide the email address					
Email		you check most regularly.					
Business Details							
Business contact nan	ls the business paying?	○ Yes ○ No					
Contact phone	Business phone						
Name of business							
Address of business							
Suburb/Town	State/Territory	Post code					
Business email							
Transport Victoria LVT Licence no. of Business or include Transport Victoria Letter: (Mandatory)							
Warning – Uncontrolled when printed! The current version of this document is kept on the Federation University website							

Original Issue:

Current Version: 03/07/2025 Review Date: 01/01/2026

31/01/2024

Manager, Student Administration

Authorised by:

Page 1 of 2

Document Owner: University Registrar

VET (TAFE) Enrolment Form 2025 | Transport Victoria Licensed Vehicle Tester – UB0112AU

Select your co	ourse plus Pretest (Mandatory):		Fee	Short course terms
O Pretest & A	dmin Program	online and class	\$559.40	and conditions
O Pretest & F	ull LVT	4 days	\$2,372.10	Payment
Motorcycle LVT Program (includes administration)		3 days	\$1,710.00	Full course fees are payable at the time of enrolment. If the tax invoice and receipt is to be addressed to abusiness/third party,
○ LPG session		1 day \$	\$610.40	
Other			\$	please indicate in payment section below.
Location and	choice of date/s: as per information sheet (dates	Cancellations Cancellations notified less than 48 hours prior to the course commencement date will NOT be refunded.		
Bayswater		General		
Ballarat Payment deta		FedUni reserves the right to cancel or reschedule any course that does not have sufficient enrolment numbers orin the event of unforeseen circumstances. A refund or an alternate date and time will be offered.		
Visa Purchase Ord	Mastercard der (Payable to Federation University Australia and attached to	NOTE – all units other than pretest include an in-class assessment onsite		
Card number: Name on card: Expiry Date:	d to: (Payment will be receipted in this name) Stud Amount AUD \$:	 You must attach a copy of your drivers licence. Your must attach a copy of your Cert III if applying for the full LVT. Attach any Transport Victoria pre approval or infringement letters. 		
Cardholders Signature:			Must be signed by cardholder	Office Use Only Department approval name
Contact phone:				
	above terms and conditions and authorise Federation U ctoria and to my LVT Licence Holder	Department approval signature		
Signature	Date D	D / M M /	YYYY	Date
Federation Un	iversity	Fur	nding Code: F	D D , M M , Y Y Y
Position				
Signature	Date	D / M M /	YYYY	

Warning – Uncontrolled when printed! The current version of this document is kept on the Federation University website.

Authorised by: Manager, Student Administration Document Owner: University Registrar Page 2 of 2 Original Issue: 31/01/2024 Current Version: 03/07/2025 Review Date: 01/01/2026

