



This form is for the cancellation of enrolment from the Intelligent Access Program (IAP) in NSW

1. Registered Operator Details

Registered Operator name:	
Contact person:	Contact phone number:
Email:	
Registration Plate of vehicle to be cancelled from IAP:	
Reason for cancellation:	
Print name:	
*Signature:	Date:

*I acknowledge that by submitting this request, my enrolment for the above-mentioned vehicle registration will be cancelled out of the Intelligent Access Program (IAP) in NSW. From this point, the IAP Certificate of Enrolment for the above-mentioned vehicle will no longer be valid and therefore the vehicle will no longer be able to operate in NSW where IAP is a condition of access. I have also disposed of the IAP Certificate of Enrolment for this vehicle in a safe and secure manner.

Transport for NSW

Cnr of Grey & Ferguson Sts, GLEN INNES NSW 2370 | PO Box 94, GLEN INNES NSW 2370

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