

Form F46 – Joint Application to vary a modern award

Fair Work Act 2009, ss.157–160

This is an application to the Fair Work Commission to make a modern award or make a determination varying or revoking a modern award, in accordance with Part 2-3 of the [Fair Work Act 2009](#).

Applicant



These are the details of the person who is making the application.

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other please specify:		
First name(s)			
Surname			
Postal address	Level 7, 464 St Kilda Road		
Suburb	Melbourne		
State or territory	Victoria	Postcode	3004
Phone number	03 9829 1111	Fax number	
Email address	dhodges@vacc.com.au		

If the Applicant is a company or organisation please also provide the following details

Legal name of business	<p>Victorian Automobile Chamber of Commerce (VACC)</p> <p>Motor Trade Association of South Australia Incorporated (MTASA)</p> <p>Motor Traders Association of New South Wales (MTANSW)</p> <p>Motor Trades Association of Queensland Industrial Organisation of Employers (MTAQ)</p>
Trading name of business	
ABN/ACN	
Contact person	Daniel Hodges, Executive Manager – Workplace Relations

Applicant

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other please specify:		
First name(s)			
Surname			
Postal address	51 Walker Street		
Suburb	North Sydney		
State or territory	NSW	Postcode	2060
Phone number	0418 461 183	Fax number	
Email address	Brent.Ferguson@aigroup.com.au Hamish.Harrington@aigroup.com.au		

If the Applicant is a company or organisation please also provide the following details

Legal name of business	The Australian Industry Group
Trading name of business	Ai Group
ABN/ACN	76 369 958 788
Contact person	Brent Ferguson, National Manager – Workplace Relations Advocacy & Policy Hamish Harrington, Adviser – Workplace Relations Policy

Does the Applicant need an interpreter?



If the Applicant requires an interpreter (other than a friend or family member) in order to participate in conciliation, a conference or hearing, the Fair Work Commission will provide an interpreter at no cost.

Yes – Specify language

No

Does the Applicant require any special assistance at the hearing or conference (eg a hearing loop)?

Yes – Please specify the assistance required

No

Does either Applicant have a representative?



A representative is a person or organisation who is representing the applicant. This might be a lawyer or paid agent, a union or employer organisation, or a family member or friend. There is no requirement to have a representative.

Yes – VACC's representative's details below

No – Ai Group does not have a representative

VACC's representative



These are the details of the person or organisation who is representing the Applicant (if any).

Name of person	Luis Izzo, Managing Director - Sydney Workplace		
Firm, organisation or company	Australian Business Lawyers & Advisors		
Postal address	Level 15, 140 Arthur Street		
Suburb	North Sydney		
State or territory	NSW	Postcode	2060
Phone number	(02) 9458 7005	Fax number	
Email address	luis.izzo@ablawyers.com.au		

Is VACC's representative a lawyer or paid agent?

Yes

No

1. Coverage

1.1 What is the name of the modern award to which the application relates?



Include the Award ID/Code No. of the modern award

Vehicle Repair, Services and Retail Award 2020 MA000089

1.2 What industry is the employer in?

Not applicable

2. Application

2.1 What are you seeking?

Specify which of the following you would like the Commission to make:

- a determination varying a modern award
- a modern award
- a determination revoking a modern award

2.2 What are the details of your application?

See Annexure A.

Attach additional pages, if necessary.

2.3 What are the grounds being relied on?

Using numbered paragraphs, specify the grounds on which you are seeking the proposed variations.



You must outline how the proposed variation etc is necessary in order to achieve the modern awards objective as well as any additional requirements set out in the FW Act.


See Annexure B.

Attach additional pages, if necessary.

Signatures



If you are completing this form electronically and you do not have an electronic signature you can attach, it is sufficient to type your name in the signature field. You must still complete all the fields below.

Signature	
Name	Luis Izzo
Date	29 July 2020
Capacity/Position	Representative of VACC

Signature	
Name	Stephen Smith
Date	29 July 2020
Capacity/Position	Head of National Workplace Relations Policy for Ai Group



Where this form is not being completed and signed by the Applicant, include the name of the person who is completing the form on their behalf in the **Capacity/Position** section.

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS