



Road Transport Authority  
 PO Box 582  
 Dickson ACT 2602  
 Telephone: 13 22 81

90,024 (10/2011)

# Application for Concessional Registration of a Motor Vehicle as:

Applicable concession (please tick):  Veteran  Vintage  Historic

## Vehicle Details

|                                         |                      |                                                          |                                       |                                          |
|-----------------------------------------|----------------------|----------------------------------------------------------|---------------------------------------|------------------------------------------|
| Registration number                     | Month/Year made      | Tare weight                                              | Seating capacity                      | Transaction date                         |
| <input type="text"/>                    | <input type="text"/> | <input type="text"/>                                     | <input type="text"/>                  | <input type="text"/>                     |
| Make                                    | Model                | Body type                                                | Colour 1                              | Colour 2                                 |
| <input type="text"/>                    | <input type="text"/> | <input type="text"/>                                     | <input type="text"/>                  | <input type="text"/>                     |
| Chassis / Vehicle identification number |                      |                                                          | Engine number                         |                                          |
| <input type="text"/>                    |                      |                                                          | <input type="text"/>                  |                                          |
| Engine capacity                         | GVM / GCM            | ADR Category                                             | No. of Cylinders                      |                                          |
| <input type="text"/>                    | <input type="text"/> | <input type="text"/>                                     | <input type="text"/>                  |                                          |
| Motive power                            | Axle code            | Compliance plate                                         | <input type="checkbox"/> Automatic    | <input type="checkbox"/> Left hand drive |
| <input type="text"/>                    | <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Articulated  | <input type="checkbox"/> Side car        |
|                                         |                      |                                                          | <input type="checkbox"/> LPG approval | <input type="checkbox"/> Motorbike       |
| Previous registration number            | State / Territory    |                                                          |                                       |                                          |
| <input type="text"/>                    | <input type="text"/> |                                                          |                                       |                                          |

## Client Details

|                 |                      |                        |                      |
|-----------------|----------------------|------------------------|----------------------|
| Surname         | <input type="text"/> |                        |                      |
| Given names     | <input type="text"/> |                        |                      |
| Home address    | <input type="text"/> |                        |                      |
| Garage address  | <input type="text"/> |                        |                      |
| Mailing address | <input type="text"/> |                        |                      |
| Licence number  | <input type="text"/> | Club Membership Number | <input type="text"/> |

## Club Details

The nominated club must be affiliated with the Council of ACT Motor Clubs Inc.

|                  |                      |                        |                      |
|------------------|----------------------|------------------------|----------------------|
| Club name        | <input type="text"/> |                        |                      |
| Club Number      | <input type="text"/> | Name of Club Registrar | <input type="text"/> |
| Full address     | <input type="text"/> |                        |                      |
| Mailing address  | <input type="text"/> |                        |                      |
| Telephone number | <input type="text"/> |                        |                      |

This is to certify that the vehicle described above has been approved for authenticity and is operated by the client above, who is a financial member of this club.

Signature of Club Registrar

Date  /  /

NOTE: This application must be accompanied by either (whichever is applicable):

- A Vehicle Registration Renewal form or
- A Certificate of Inspection

Club Stamp