



A Supplementary Details form is to be completed for vehicles with a mass of 2000kg or more or a trailer with a mass of 750 kg or more

PLEASE WRITE CLEARLY IN BLOCK LETTERS

Client Number

1. ABOUT THE OWNER

Surname/Body Corporate Name Given Names

Residential (Home) / Business Address

Number and Street <input type="text"/>	Suburb / Town <input type="text"/>	Postcode <input type="text"/>	Your daytime phone number (if convenient) ()
Postal Address (if different to above Address)			
Number and Street <input type="text"/>	Suburb / Town <input type="text"/>	Postcode <input type="text"/>	

2. ABOUT THE VEHICLE (PRIOR TO ALTERATION)

Plate No. _____ Make: _____ Model: _____

Body Type: _____ Month / Year of Manufacture ____/____ Seating Capacity _____

Is this Vehicle Left Hand Drive? Yes No Was this vehicle originally manufactured as a Left Hand Drive? Yes No

Engine Number: _____ Engine Make: _____

VIN / Chassis:

Engine Capacity: _____ cc Number of Cylinders/rotors: _____

Was the engine turbocharged or supercharged? Yes No Rotary Engine Yes No

Is the vehicle fitted with a Speed Limiting Device? Yes No Type of Fuel _____

3. ABOUT THE ALTERATION — Please complete the appropriate sections

New Engine Number	<input type="text"/>		
Make. Model of Engine	<input type="text"/>		Engine Capacity <input type="text"/> cc
	Number of Cylinders / rotors <input type="text"/>	Fuel Type <input type="text"/>	
Brakes originally fitted (Disc or Drum)	Front <input type="text"/>	Rear <input type="text"/>	

New Colour	<input type="text"/>
New Mass (Weigh note required)	<input type="text"/> kg
Seating Capacity	<input type="text"/>

DETAILS REQUIRED FOR TRAILERS

No. of Road Tyres <input type="text"/>	No. of Axles <input type="text"/>
Tyres: Size <input type="text"/>	
Tyres: Ply <input type="text"/>	

Have the brakes been modified? Yes No if yes, give details overleaf

ADDITIONAL ENGINE DETAILS

Has the fuel system, engine management system or engine been modified from the original manufacturer's specifications? Yes No

Have after market components been fitted? Yes No

Is the engine fuel injected? Yes No

Is the engine supercharged? Yes No

Is the engine turbocharged? Yes No

If you have answered, "YES" to any of the above questions or modified / altered the vehicle, please provide details overleaf: →

If alteration is to the seating or a conversion to a leisure type vehicle, please complete information overleaf →

Signature of Applicant _____ Date ____/____/____	OFFICE USE Form lodged at _____ Office
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ADDITIONAL INFORMATION FOR ALTERATIONS MADE TO YOUR VEHICLE

Five horizontal lines for additional information.

LEISURE VAN, CAMPERVAN, SEATING CAPACITY

To be registered as a Non-Commercial Van, alterations to the vehicle must be that insufficient area remains for goods carrying.

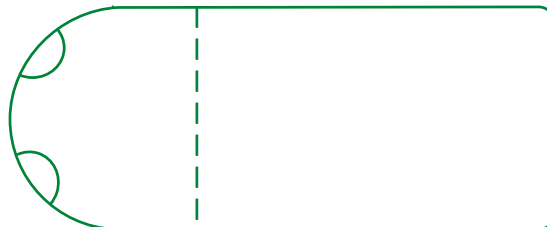
Alterations necessary could include:

- Additional approved seating
- Sufficient height for an adult to stand and move about
- Sufficient windows for internal light and ventilation
- Permanent sleeping accommodation for one or more persons
- Fixed cupboards and /or wardrobes
- Bench or fixed table for eating purposes

THESE VEHICLES MUST BE:-

- **INSPECTED BY AN OFFICER AT ANY CUSTOMER SERVICE CENTRE IF APPLICABLE.**
- **WEIGHED AND A WEIGHNOTE SUPPLIED TO ANY CUSTOMER SERVICE CENTRE IF APPLICABLE.**
- **IF CHANGES HAVE BEEN MADE TO THE SEATING CAPACITY, THE VEHICLE MUST BE INSPECTED BY THE VEHICLE SERVICES SECTION OF THE DEPARTMENT, KATEENA ST, REGENCY PARK FOR AUSTRALIAN DESIGN RULE COMPLIANCE AND ANY APPLICABLE SAFETY REQUIREMENTS, TELEPHONE 1300 882 247 TO ORGANISE A BOOKING**

PLEASE SKETCH ALTERATIONS



Name of company or person who performed conversion

Three horizontal dotted lines for the name of the company or person.

DEPARTMENTAL INSPECTION FOR OFFICE USE ONLY

I have inspected the abovementioned vehicle and found it to be in accordance with the details declared above.

I classify the vehicle to be a _____

Name of Approving Officer.....	Signature of Approving Officer.....	Date/...../.....	Customer Service Centre.....
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