



# Fitment of Immobiliser

This form is to be completed as a declaration that you have a government approved immobiliser fitted to your vehicle. Further information on approved immobilisers is available online at [www.transport.wa.gov.au/dvs](http://www.transport.wa.gov.au/dvs).

## Vehicle Details

Plate Number 

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MAKE	MODEL																				
BODY TYPE	YEAR OF MANUFACTURE																				
VIN/CHASSIS No.	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>																				

## Owner details

FAMILY NAME	GIVEN NAME(S)
RESIDENTIAL ADDRESS	POSTCODE
POSTAL ADDRESS	POSTCODE
REPRESENTING COMPANY NAME (IF APPLICABLE)	

## Fitment of Immobiliser Declaration

I declare that an approved and operational immobiliser has been fitted to my vehicle and that all information supplied is true and correct.

SIGNATURE	DATE
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### Postal address

Department of Transport  
GPO Box R1290  
PERTH WA 6844

### For immobiliser enquiries

Web [www.transport.wa.gov.au/dvs](http://www.transport.wa.gov.au/dvs)  
Telephone 13 11 56  
Fax 1300 669 995