



PLEASE WRITE CLEARLY IN BLOCK LETTERS

1. ABOUT THE OWNER

Client Number

Surname/Body Corporate Name

Given Names

Residential (Home) / Business Address

Number and Street

Suburb / Town

Postcode

Postal Address (if different to above Address)

Number and Street

Suburb / Town

Postcode

Your daytime
phone number
(if convenient)

()

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: _____ litres

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 _____

Transmission type: Automatic ☐ Syncromesh ☐ Non Syncromesh (Crash Box) ☐

3. ABOUT THE ALTERATION — Please complete the appropriate sections

| | | | |
|------------------------------|-------|-----------------|----|
| New Engine Number | | | |
| Make. Model of Engine | | Engine Capacity | cc |
| | | | |
| Number of Cylinders / rotors | | Fuel Type | |
| Brakes fitted (Disc or Drum) | Front | Rear | |
| | | | |

| | |
|--------------------------------|----|
| New Colour | |
| New Mass (Weigh note required) | kg |
| GVM / GTM | |
| Seating Capacity | |

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

| | | | |
|-------------------|--|--------------|--|
| No. of Road Tyres | | No. of Axles | |
|-------------------|--|--------------|--|

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 ☐

| | |
|-------------|--|
| Tyres: Size | |
| Tyres: Ply | |

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

Is the engine fuel injected? Yes ☐ No ☐ Is the engine supercharged? Yes ☐ No ☐ Is the engine turbocharged? Yes ☐ No ☐

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

When complete –
OFFICIAL: Sensitive//Personal privacy

ADDITIONAL INFORMATION FOR ALTERATIONS MADE TO YOUR VEHICLE

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 13 10 84 TO ORGANISE A BOOKING**

**PLEASE
SKETCH
ALTERATIONS**



Name of company or person who performed conversion

**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.....