**APPLICATION TO ALTER VEHICLE OR TRAILER DETAILS**

### 1. ABOUT THE OWNER

Please write clearly in block letters

<table>
<thead>
<tr>
<th>Surname/Body Corporate Name</th>
<th>Given Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential (Home) / Business Address</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>Suburb / Town</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postal Address ( if different to above Address)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>Suburb / Town</th>
<th>Postcode</th>
</tr>
</thead>
</table>

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 ☐

Is the vehicle fitted with a Speed Limiting Device?  Yes ☐ No ☐

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

### 3. ABOUT THE ALTERATION — Please complete the appropriate sections

<table>
<thead>
<tr>
<th>New Engine Number</th>
<th>Make. Model of Engine</th>
<th>Engine Capacity cc</th>
<th>New Colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Cylinders / rotors</td>
<td>Fuel Type</td>
<td>Front</td>
<td>Rear</td>
</tr>
<tr>
<td>Brakes fitted (Disc or Drum)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have the brakes been upgraded? 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 ☐

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

<table>
<thead>
<tr>
<th>No. of Road Tyres</th>
<th>No. of Axles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tyres: Size</td>
<td>Tyres: Ply</td>
</tr>
</tbody>
</table>

### DETAILS REQUIRED FOR TRAILERS

No. of Road Tyres

No. of Axles

Lodge at any Service SA customer service centre

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

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

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: __________/________/________ Service Centre: ___________________________