



LODGEMENT INFORMATION

In Person: Department for Planning, Transport and Infrastructure
Kateena Street, Regency Park, Vehicle Standards SA 5010
By Post: Vehicle Standards, GPO Box 1533, Adelaide SA 5001

Telephone: 1300 882 248
Facsimile: (08) 8348 9533
Email: dpti.vehiclestandards@sa.gov.au
Website: dpti.sa.gov.au

ABN: 92 366 288 135

1. CLIENT DETAILS

Name: Drivers Licence No.

Address:

Suburb: State: Postcode:

Contact Phone Number: Private No. () Work No. () Mobile No.

2. VEHICLE DETAILS BEFORE MODIFICATION (please print clearly)

Registration Number: Make: Body Type: Model:

Engine No. Manufacture: / Seating Capacity:

Vehicle Identification No.

Type of Brakes: Front: Rear: Petrol/Diesel/LPG:

Is this application for a left hand drive: Yes No (If "Yes" please provide all documents including the Vehicle Import Approval and Vehicle Identity Inspection (MR 29) and or Interstate Registration.)

3. VEHICLE DETAILS AFTER MODIFICATION (only complete sections which have been or are going to be modified)

Chassis/Frame of body:

Suspension: Front: Rear:

Brakes:

	Type (disc/drum)	Diameter	Width
Front			
Rear			

Rims:

	Rim Offset	Diameter	Width
Front			
Rear			

Tyres:

	Side Wall Marking	Construction – Radial Bias
Front		
Rear		

Axles: put under suspension (above) Front: Rear:

Steering:

VEHICLE DETAILS AFTER MODIFICATION (continuing)

Engine (please state if engine has been modified):

	Yes	No					
Is Engine Modified?	<input type="checkbox"/>	<input type="checkbox"/>	Make:	<input type="text"/>	Capacity:	<input type="text"/>	Power: <input type="text"/> bhp/kw
Standard ECU if fuel injected?	<input type="checkbox"/>	<input type="checkbox"/>	Number of cylinders/Rotors:	<input type="text"/>	Petrol/Diesel/LPG:	<input type="text"/>	
Engine Number:	<input type="text"/>						
Fuel Injected, Carburettor:	<input type="text"/>			Turbo/Supercharged:	<input type="text"/>		

Addition Information:

4. DECLARATION

I hereby declare the above information to be true and correct and agree to comply with the conditions specified.

Name of Applicant:

Signature:

Date: