

## **Application for Concessional Registration of a Motor Vehicle as:**

Applicable conce	ession (please tick)	: U Veteran	U Vintage	Historic
Vehicle Details				
Registration number	Month/Year made	Tare weight	Seating capacity	Transaction date
Make	Model	Body type	Colour 1	Colour 2
Chassis / Vehicle iden	tification number		Engine number	
Engine capacity	GVM / GCM	ADR Category	No. of Cylinders	7
Motive power	Axle code	Compliance plate Yes  No		 ft hand drive de car ☐ Motorbike
Previous registration n	umber State / Territor	<b>y</b>	ť	
Client Details				
Sumame				
Given names				
Home address				
Garage address		4.		
Mailing address				
Licence number		Club Memb	ership Number	
Club Details				
The nominated club m	ust be affiliated with the	Council of ACT Motor	Clubs Inc.	
Club name				
Club Number	Nam	ne of Club Registrar		
Full address	,			
Mailing address				1
Telephone number				
This is to certify that the and is operated by the	e vehicle described abov client above; who is a fin	re has been approved nancial member of this	for authenticity club.	
Signature of Club Regis	strar			
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	must be accompanied b gistration Renewal form of Inspection		applicable):	Club Stamp