

# Application for Concessional Registration of a Motor Vehicle

## Application Details

Date of application Type of application ☐ **Renewal of concessional registration** ☐ **Establish concessional registration \***

\* This form can only be used to establish concessional registration of an ACT vehicle with a status of registered or unregistered.

For lapsed, cancelled or interstate vehicles, complete the application to establish registration form on the back of the certificate of inspection.

Applicable concession (please tick): ☐ **Veteran** ☐ **Vintage** ☐ **Historic** ☐ **Modified Historic**

## Vehicle Details

Registration number	<input type="text"/>	VIN/Chassis Number	<input type="text"/>
Month / Year made	<input type="text"/> / <input type="text"/>	Engine number	<input type="text"/>
Make	<input type="text"/>	Motive power	<input type="text"/>
Model	<input type="text"/>	Cyl / Configuration	<input type="text"/>
Vehicle type	<input type="text"/>	Tare (Kgs)	<input type="text"/>
Colour 1	<input type="text"/>	GVM	<input type="text"/>
Colour 2	<input type="text"/>	ADR Category	<input type="text"/>
Previous registration number	<input type="text"/>	Left hand drive <input type="checkbox"/> Heavy vehicle <input type="checkbox"/>	Auto transmission Yes <input type="checkbox"/> No <input type="checkbox"/>
		Side car <input type="checkbox"/> LPG approval <input type="checkbox"/> Motorbike <input type="checkbox"/>	Engine capacity <input type="text"/>
			Seating capacity <input type="text"/>
			Compliance plate Yes <input type="checkbox"/> No <input type="checkbox"/>
			Axle code <input type="text"/>
			Logbook serial number <input type="text"/>

## Primary Operator Details (must be club member)

Surname	<input type="text"/>	Given name(s)	<input type="text"/>
Licence number	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Physical address	<input type="text"/>		
Postal address	<input type="text"/>		
E-mail address	<input type="text"/>	Contact number	<input type="text"/>
Club membership number	<input type="text"/>		

## Secondary Operator Details (if applicable)

Surname	<input type="text"/>	Given name(s)	<input type="text"/>
Licence number	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Physical address	<input type="text"/>		
E-mail address	<input type="text"/>	Contact number	<input type="text"/>

## Club Details

The nominated club must be affiliated with the Council of ACT Motor Clubs Inc.

Club name	<input type="text"/>		
Club number	<input type="text"/>	Name of club Registrar	<input type="text"/>
Full address	<input type="text"/>		
Mailing address	<input type="text"/>		
Phone number	<input type="text"/>		

This is to certify that the vehicle described above has been approved for authenticity and is operated by the client above, who is a financial member of this club.

Signature of club Registrar or Delegated Inspector	<input type="text"/>	Date	<input type="text"/>
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Club Stamp