



HISTORIC VEHICLES ON CONDITIONAL REGISTRATION

MEMBER DECLARATION and VEHICLE ELIGIBILITY.

I _____ have read, understand and agree to fully comply with the conditions governing the use of Historic Vehicles on Conditional Registration, as stated in the Ballina Classic Vehicle Club inc. guidelines and set out in the Clubs Constitution for the use of Historic Vehicles on Conditional Registration.

Full Name : _____

Address : _____

Mobile : _____ Home Phone : _____

Email : _____

Member Number : _____

Dated : ____/____/____

VEHICLE DETAILS.

Make/Model/Type : _____

Year of Manufacture : _____

Colour of Vehicle : _____

Chassis Number : _____

Engine Number : _____

Registration Number : _____ Expiry Date: _____

I _____ declare that the above vehicle has been inspected for originality and Complies with the terms of eligibility for the Ballina Classic Vehicle Club inc. for Conditional registration.

Signed by Owner : _____ Dated : ____/____/____

- This form must be submitted as an original. Photocopies will not be accepted.
- The registered operator (or applicant) is responsible for the vehicle to be suitable for safe use until the expiry date of the registration.
- A Safety Check report must be provided if the club is less than two years old.
- The registered operator must be a member of an Roads and Maritime Services recognised Historic Vehicle Club in the Historic Vehicle Scheme.
- The vehicle must be 30 years of age or older and meet eligibility requirements of the Historic Vehicle Scheme.

1 Registered operator details

NSW Driver's licence/Customer number

Surname

Given names

Address

Postcode

Club membership details (*nominate primary club first*)

2 Vehicle details

Plate number (*if known*)

VIN or chassis/frame or serial number

Engine number

Make

Model year

Model (*in full - name, letters and/or numbers, variant*)

Shape

Vehicle type

- Car/Station Wagon Motorcycle Truck
 Trailer Bus Plant
 Other *Please specify*

3 Declaration (*to be completed by the club's Responsible Person*)

(*A Safety Check report must be provided if the club is less than two years old*)

The vehicle is in a safe operating condition.

Name

Signature

Date

Or

Safety Inspection report number

Date

4 Vehicle eligibility (*to be completed by the club's Responsible Person*)

- I certify that this vehicle meets the eligibility requirements of the Historic Vehicle Scheme
- The registered operator is a financial member of the club.

Name

Signature

Date

Primary Club Stamp