



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

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"/>	Club membership number	<input type="text"/>
Physical address	<input type="text"/>				
Postal address	<input type="text"/>				
E-mail address	<input type="text"/>	Contact 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"/>
--	----------------------	------	----------------------

