



Please complete this form and present at any Driver and Vehicle Services (DVS) Centre, regional Department of Transport Office or DVS agent. Alternatively, if **only** the engine number has changed, this completed form may be posted to the Customer Contact Centre, GPO Box R1290 PERTH 6844.

Note: If the configuration of the engine has altered to the extent that the number of cylinders, RAC horse power rating, or fuel type has altered, then the vehicle must be presented for examination and a CERTIFICATE OF INSPECTION COMPLETED.

LICENCE HOLDER DETAILS			
SURNAME		OTHER NAMES	
RESIDENTIAL ADDRESS			POSTCODE
PHONE NUMBER	MOBILE	EMAIL	

VEHICLE DETAILS																			
PLATE NUMBER	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		
MAKE	MODEL	BODY TYPE																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
PREVIOUS ENGINE NUMBER	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		
NO. OF CYLINDERS (PREVIOUS ENGINE)	<input type="text"/>	FUEL TYPE (TICK APPROPRIATE BOX BELOW) PETROL <input type="checkbox"/> DIESEL <input type="checkbox"/> GAS <input type="checkbox"/> OTHER.....																	

SELLER OF REPLACED ENGINE	
NAME OF COMPANY	ACN
SURNAME	OTHER NAMES
ADDRESS	PHONE

REPLACED ENGINE DETAILS																	
NEW ENGINE NUMBER	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																
NO. OF CYLINDERS (REPLACED ENGINE)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> FUEL TYPE (TICK APPROPRIATE BOX BELOW) PETROL <input type="checkbox"/> DIESEL <input type="checkbox"/> GAS <input type="checkbox"/> OTHER.....																
DATE ENGINE CHANGED	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																

DECLARATION
I DECLARE THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT THE ENGINE CONFIGURATION HAS NOT CHANGED.
SIGNATURE: _____ DATE: _____

OFFICE USE ONLY	
OFFICERS NAME	SIGNATURE
SITE	DATE