

Please enter the numeric characters required. Leave any unused boxes blank.



**PLATE NUMBER REQUESTED**

Plates to be issued:  
0CFC00 to 9CFC99

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**1 VEHICLE DETAILS**

Type of vehicle the plates are to be attached to: Motor Vehicle  Trailer/Caravan

**2 OWNER DETAILS**

Family Name		or Business Name and ABN	
Given Name	Drivers Licence No.	Date of Birth	
Address		Suburb	Postcode
Daytime Telephone		Mobile	

**3 COLLECTION DETAILS**

Correspondence to owner? Yes  No  (If no please complete below)

Family Name		or Business Name and ABN	
Given Names	Drivers Licence No.	Date of Birth	
Address		Suburb	Postcode
Daytime Telephone		Mobile	

**4 LICENSING CENTRE OR COUNTRY AGENT FROM WHICH PLATES WILL BE COLLECTED**

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**5 DECLARATION**

I understand that my application is subject to approval.  
I take full responsibility for the displaying of the approved plates and agree to abide by the terms and conditions overleaf.

<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>