

Application for special series number plates

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

CARLTON FOOTBALL CLUB	
BLUE ON WHITE <input type="checkbox"/>	WHITE ON BLUE <input type="checkbox"/>

PLATE NUMBER REQUESTED

Plates to be issued:
0CFC00 to 9CFC99

	C	F	C		
--	---	---	---	--	--

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

--

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.

SIGNATURE OF APPLICANT	DATE