

*\*Indicates field must be filled in*

☐ Light Vehicle
 ☐ Ancillary Equipment
 ☐ Medium Equipment
 ☐ Surface Mobile Equipment

CONTACT DETAILS		
Equipment owner or responsible person	Phone	
	Fax	
Company	Mobile	
	Email	
Address: Mailing for sticker and other information		
		Postcode:

EQUIPMENT DETAILS			
Call Sign/Equip ID *	Make/Type *	Tare Weight	Gross Vehicle Mass
Shape/Variant	Model	Tow Bar Fitted	Towing Capacity *
Colour *	Manual or Automatic	Trailer Drawer Bar Colour	Aggregated Trailer Mass (ATM)
Vin No./Serial No *		Active Brake fitted & operational *	ROPs
Engine Number			Int <input type="checkbox"/> Ext <input type="checkbox"/>
Engine Capacity	Manufacturer's Built Date	VLC type/Capacity	Has Equipment been modified?
Registration Number *	Registration Date *	Risk Assessment Reference	
Diesel/Petrol *	Seating Capacity		

ADDITIONAL NOTES

I certify that this report is a true record of the equipment's compliance.

Signature (Inspector): ..... Date: ..... Location of Inspection: .....