

**ROADS AND TRAFFIC AUTHORITY  
HISTORIC VEHICLE CLUB APPLICATION FORM**



1.	Full name of club: ..... ..... .....
2.	Full address of club: ..... ..... .....
3.	Number of adult financial members: .....
4.	Total number of vehicles owned by members: .....
5.	Number of vehicles/cycles over 30 years old owned by members:  Vehicles: .....      Cycles: .....
6.	Number of vehicles/cycles expected to use historic plates within the first twelve months:  Vehicles: .....      Cycles: .....
7.	Full details of club inspection officer:  Name:..... Address: ..... Telephone: (W) ..... (H) ..... Motor vehicle repair industry licence number: .....

8. Contact names, addresses and telephone numbers:

President:

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Secretary:

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Plates Registrar:

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Signature: .....

Date: .....

Please send the completed application form and the club's constitution to:

Historic Vehicle Scheme  
Customer Administration Unit  
Driver Administration  
Locked Bag 14  
Grafton NSW 2460