SOLDIER SETTLEMENT COUNTRY

Series Special Number Plates
APPLICATION FORM

TRANSPORT
Licensing Division
Box R1290 GPO
Perth WA 6001

1. PLATE NUMBER REQUESTED (0 - 9999)

SHIRE OF JERRAMUNGUP

JP

SOLDIER SETTLEMENT COUNTRY

2. **OWNER DETAILS**

NAME IN WHICH PLATES ARE TO BE REGISTERED

FULL NAME ..... (SURNAME) (OTHER NAMES)

ADDRESS .....

.....

TELEPHONE: BUSINESS ..... PRIVATE .....

3.

PLATE TO BE MANUFACTURED IN EMBOSSED METAL

4. **VEHICLE DETAILS**

MAKE ..... BODY TYPE .....

EXISTING PLATE NUMBER .....

5. **COLLECTION DETAILS**

CORRESPONDENCE TO BE DIRECTED TO OWNER YES ☐ NO ☐

IF NO, COMPLETE SECTION BELOW

FULL NAME .....

ADDRESS .....

TELEPHONE: BUSINESS ..... PRIVATE .....

LICENSING CENTRE WHERE PLATES ARE TO BE COLLECTED .....

6. **SIGNATURE OF APPLICANT** ..... DATE .....

CLUB STAMP .....

OFFICE USE ONLY

7. **DETAILS OF PAYMENT**

RECEIPT No. ..... AMOUNT .....

LICENSING CENTRE .....

8. **APPROVING OFFICER**

PLATE NUMBER ..... APPROVED ☐ NOT APPROVED ☐

SIGNATURE ..... DATE .....