

LOCAL AUTHORITY

Series Special Number Plates



TRANSPORT
Department of Transport

Application Form

Licensing Division
Box R1290 GPO
Perth WA 6001

1 PLATE NUMBER REQUESTED (0 - 9999)

[Empty boxes for plate number request]



W D

Scenic Wandering

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.....

COUNCIL STAMP

OFFICE USE ONLY

7. DETAILS OF PAYMENT

RECEIPT NO..... AMOUNT

LICENSING CENTRE

8. APPROVING OFFICER

PLATE NUMBER..... APPROVED NOT APPROVED

SIGNATURE DATE.....