

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

**ROTTNEST
CHANNEL SWIM**

PLATE NUMBER REQUESTED

Plates to be issued:
0To 9999

R	C	S				
----------	----------	----------	--	--	--	--

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

--	--

LICENSING CENTRE OR COUNTRY AGENT FROM WHICH PLATES WILL BE COLLECTED

4

--

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

--	--

<p>Postal Address Rottnest Channel Swim Association PO Box 2004 CLAREMONT NORTH WA 6010</p>
