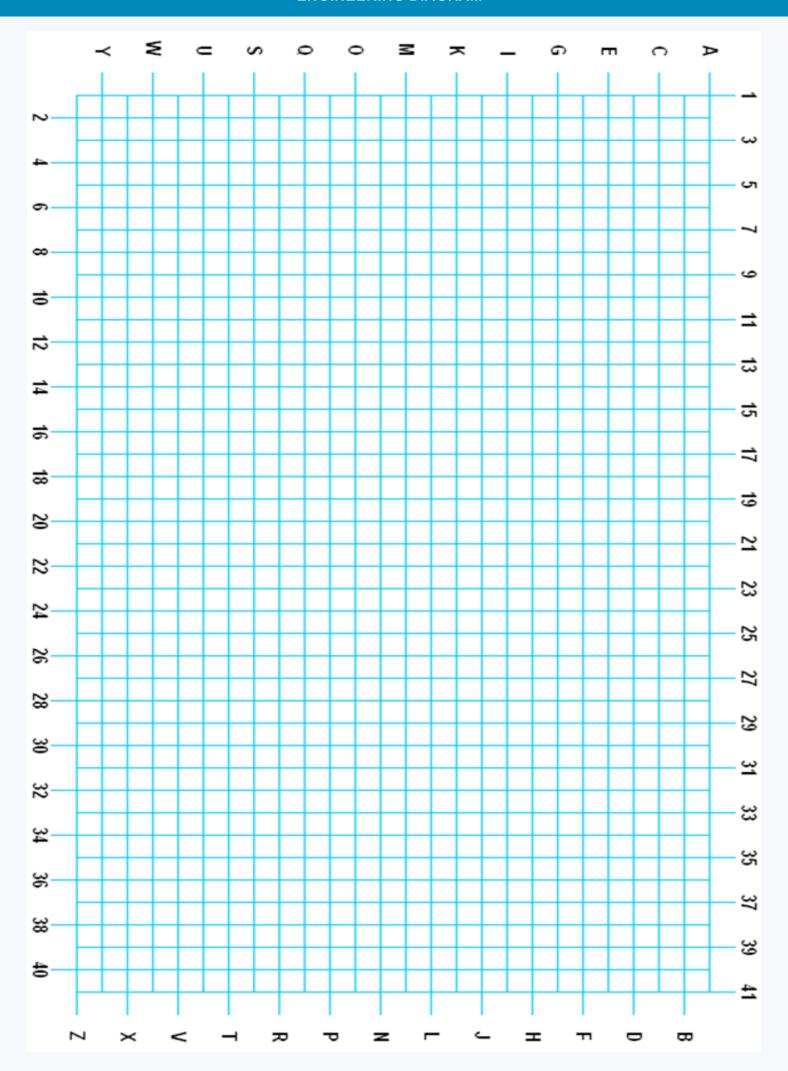


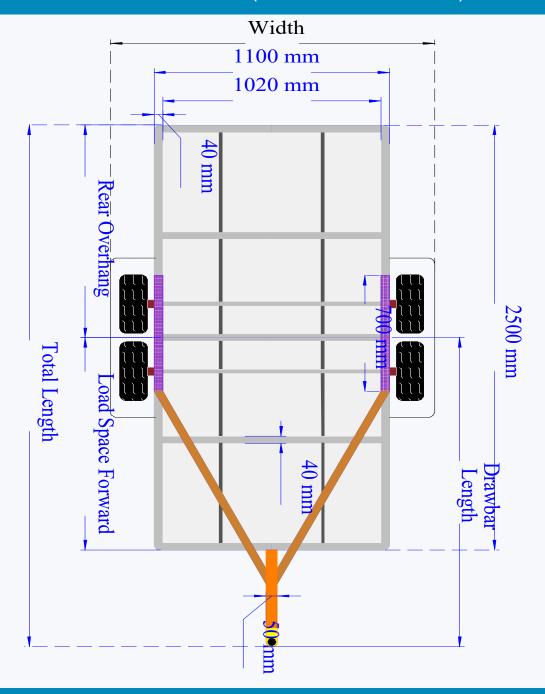
# Application for Bulk Licensing of Small Trailers

When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE

APP	LICANT DETAILS		TRAILE	R S	PEC	FIC	ATIO	NS (C	ONTI	NUE	ED)
ORGANISATION/COMPANY	(CORPORATION) IF APPLICABLE	INSE	RT PHOTO (	45 DE	GREE	S FR	OM FR	(TNC			
ACN											
LEGAL NAME OF ENTITY											
ADDRESS											
ADDITEOU											
SUBURB											
STATE W A	POST CODE										
POSTAL ADDRESS											
		INSE	RT PHOTO (	45 DE	GREE	S FR	OM RE	AR)			
			·								
SUBURB											
STATE	POST CODE										
100	NTACT DETAILS										
PRIMARY CONTACT DETAIL											
FAMILY NAME											
FIRST NAME											
POSITION											
PHONE NUMBER	MOBILE NUMBER										
EMAIL	FAX NUMBER	SAM	PLE VEHICL	E IDE	NTIFIC	ATIC	NUN NUN	IBER			П
LIVIAIL	TAX NOWBER									<del>_</del>	
SECONDARY CONTACT DE	TAILS		CATION (FRO ART	)M			GROS MASS	S TRAIL	_ER		K
FAMILY NAME			HICLE PLATE				TARE	MASS			
			CATION (FRO ART)	)IVI							K
FIRST NAME		LEN	IGTH			MM	NUMB	ER OF A	AXLES		
DOSITION		WID	)TH			IVIIVI	SUSPI	ENSION	LOAD		
POSITION						ММ		•	SORNO	)	
PHONE NUMBER	MOBILE NUMBER	HEI	GHT			мм		OF BRA DRUM E			
FITONE NOMBER	MOBILE NOMBER	REA	REAR OVERHANG				NUMBER OF AXLES				
EMAIL	FAX NUMBER	WH	EELBASE (D	OG		MM		E ACTU		5	
		TRA	AILERS ONL'	()			METH	OD (ELE	ECTRIC		
TRAILE	2 SPECIFICATIONS	DRA	AWBARLENG	STH		MM		HYDRA KAWAY	BRAKES	3	
	R SPECIFICATIONS					ММ	(YES	OR NO)			
MAKE	MODEL		ADSPACE RWARD			MM			PEED &    65R14 9		O INDEX
BODY TYPE	SVC (TRANPORT USE ONLY)	AGO	GREGATE				, 11	( 3/		,	
	(TIVANI SIXI USE SINEI)	TRA	AILER MASS	A DDE	) () (A !	KG		חוב/			



## **ENGINEERING DIAGRAM (EXAMPLE - NOT TO SCALE)**



#### **QUALIFYING INSPECTIONS**

No	DATE	MR No	EXAMINER	SITE	RESULT	SIGNATURE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

When 10 trailers have passed the qualifying inspections, forward the completed application to: Coordinator, Vehicle Safety and Standards Section (VSSS), 34 Gillam Drive Kelmscott WA 6111, or email vssbulklicensing@transport.wa.gov.au. Applicant will be notified once the application has been processed.

# **IDENTIFICATION DETAILS**

HITCH (COMPLI	TE WHERE APPL	ICABLE)					
MAKE	PART NUMBER	SIZE	CAPACITY				
SAFETY CHAINS (COMPLETE WHERE APPLICABLE)							
MAKE	PART NUMBER	SIZE	CAPACITY				
W// AIXL	174KT NOMBER	OIZE	0/11/10111				
AXLES (COMPLETE WHERE APPLICABLE)							
MAKE	PART NUMBER	SIZE	CAPACITY				
	TE WHERE APPL	SIZF	CADACITY				
MAKE	PART NUMBER	SIZE	CAPACITY				
SPRINGS (COM	PLETE WHERE AF	PPLICABLE)					
MAKE	PART NUMBER	SIZE	CAPACITY				
	<u> </u>						
-	PLETE WHERE AP	-					
MAKE	PART NUMBER	SIZE	CAPACITY				
FRAME MATER	AL (COMPLETE V	HERE APPLICA	BLE)				
MAKE	PART NUMBER	SIZE	CAPACITY				
DRAW BAR MA	TERIAL (COMPLE	TE WHERE APPLI	CABLE)				
MAKE	PART NUMBER	SIZE	CAPACITY				
	5-61						
	DECLA	RATION					
I hereby confirm that the trailer described in this application has been built to the specifications provided in the "Building Small Trailers" Vehicle Safety Bulletin (VSB1). All Western Australian state legislation applicable to the licensing of the trailer listed has also been complied with. I also declare that any subsequently built trailers will also comply exactly with these specifications.  I declare that the information on this form is true and correct. I understand that under the provisions of the <i>Road Traffic (Administration) Act 2008</i> , it is an offence to provide false or misleading information.							
APPLICANT NAME							
POSITION							
SIGNATURE							
DATE							

## LIGHTING DETAILS

FRONT REFLEC	TOR (COMPLETE	WHERE APPLICA	ABLE)			
MAKE	PART NUMBER	SIZE	CAPACITY			
	.,	0.22	57.11.71.01.1			
SIDE REFLECTOR (COMPLETE WHERE APPLICABLE)						
MAKE	PART NUMBER	SIZE	CAPACITY			
IVII UKE	174KT NOMBER	0122	0/11/10111			
REAR REFLECT	OR (COMPLETE )	WHERE APPLICA	RI F)			
MAKE	PART NUMBER	SIZE	CAPACITY			
WARE	TAICHIOMBER	OIZL	OAI AOITT			
PLATE (COMPL	ETE WHERE APPI	ICABLE)				
MAKE	PART NUMBER	SIZE	CAPACITY			
IVIAIL	TARTINOMBER	SIZE	CALACITI			
REAR POSITION	N (COMPLETE WH	FRE APPLICABL	F)			
MAKE	PART NUMBER	SIZE	CAPACITY			
IVIAINE	I AIXI NUMBER	SIZE	CAFACIT			
STOP (COMPLE	TE WHERE APPL	ICABLE)				
MAKE	PART NUMBER	SIZE	CAPACITY			
WINGE	TART NOWBER	OIZE	0/11/10111			
TURN INDICATO	ORS (COMPLETE )	WHERE APPLICA	BLE)			
MAKE	PART NUMBER	SIZE	CAPACITY			
W/ UCE	174KT NOMBER	0122	<i>5711 7101111</i>			
FRONT POSITIO	N (COMPLETE W	HERE APPLICAB	LE)			
MAKE	PART NUMBER	SIZE	CAPACITY			
SIDE MARKER (	COMPLETE WHE	RE APPLICABLE)				
MAKE	PART NUMBER	SIZE	CAPACITY			
	-					
FRONT END OU	TLINE (COMPLET	E WHERE APPLI	CABLE)			
MAKE	PART NUMBER	SIZE	CAPACITY			
REAR END OUT	LINE (COMPLETE	WHERE APPLICA	ABLE)			
MAKE	PART NUMBER	SIZE	CAPACITY			
	OFFICE U	SE ONLY				
OFFICER NAME						
POSITION						
CICNATURE						
SIGNATURE						
DATE						
	/					