Abnormal Vehicle Registration : MOBILE CRANE

DEPARTMENT OF TRANSPORT

Owner

Address

Tel.No.

OFFICIAL USE		
Seq. No.	KN	4
Reg. Date		

Registration No

Make

Model

Power kW

M.G.V.M. kg

Engine

Boom: Front | Rear

Type: Truck | Centre

Axle Groups

Group	Section*				Rating (kg)	W. Code**		WSpace (a)	WSpace (b)	Tyre Type***			Tyre Size	Ply
1	F	R1	R2	T		1	2			1	2	3		
2	F	R1	R2	T		1	2			1	2	3		
3	F	R1	R2	T		1	2			1	2	3		
4	F	R1	R2	T		1	2			1	2	3		
5	F	R1	R2	T		1	2			1	2	3		
6	F	R1	R2	T		1	2			1	2	3		
7	F	R1	R2	T		1	2			1	2	3		
8	F	R1	R2	T		1	2			1	2	3		

Axles

Axle No	Group	Mass (kg)	Steerable		Driven		Dist. to Next Axle
1			Y	N	Y	N	
2			Y	N	Y	N	
3			Y	N	Y	N	
4			Y	N	Y	N	
5			Y	N	Y	N	
6			Y	N	Y	N	
7			Y	N	Y	N	
8			Y	N	Y	N	
9			Y	N	Y	N	
10			Y	N	Y	N	
11			Y	N	Y	N	
12			Y	N	Y	N	

Dimensions (mm)

A	A1	E	E1

F	G	H

Single axle spacing (a)

Dual axle spacing (a) & (b)

L	M	N	P	R

Total Width | Total Height | Boom Height | Total Length

***Crane Sections:**

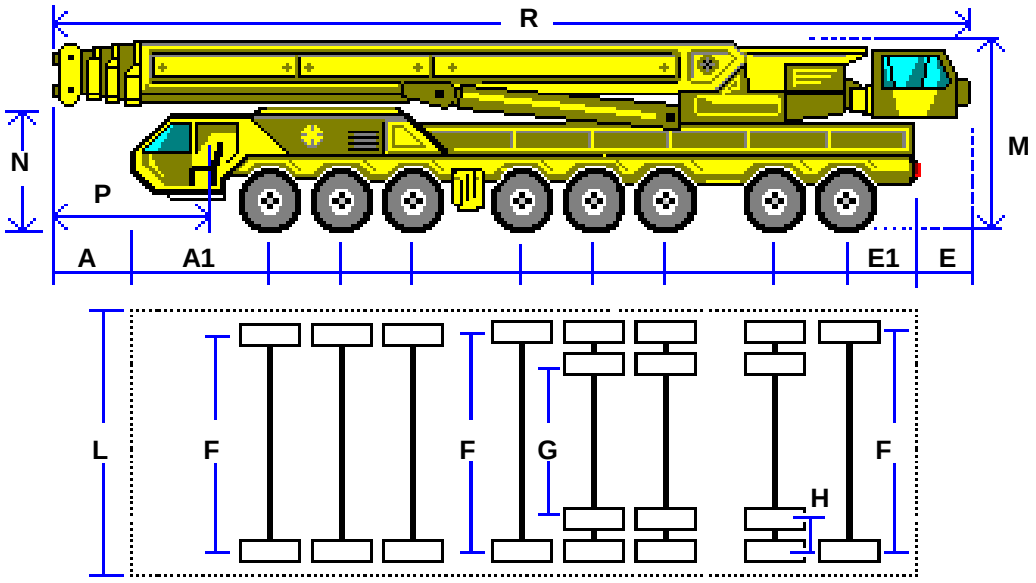
F = Front
R1 = Rear (1)
R2 = Rear (2)
T = Trailer

****Wheel Codes:**

1 = Single
2 = Dual

*****Tyre Types:**

1 = Cross-Ply
2 = Radial
3 = Michelin



I certify that the details given above are correct in all respects:

Signature: _____ _____

Completed by Owner

Date: _____

OFFICIAL USE 16/08/2007

Received by: _____

Date: _____