



DEPARTMENT OF  
TRANSPORT

## Abnormal Vehicle Registration : DOLLY

Owner  
Address  
Tel.No.


OFFICIAL USE	
Seq. No	KN 2
Reg. Date	

Registration No

Make

Unladen Mass  kg

Model

M.G.V.M.  kg

Max on 5th Wheel  kg

Max load on Kingpin  kg

### Axles

No of Axles       Unladen Axle Unit Mass  kg

Axle Unit Rating  kg      Wheel Code \*

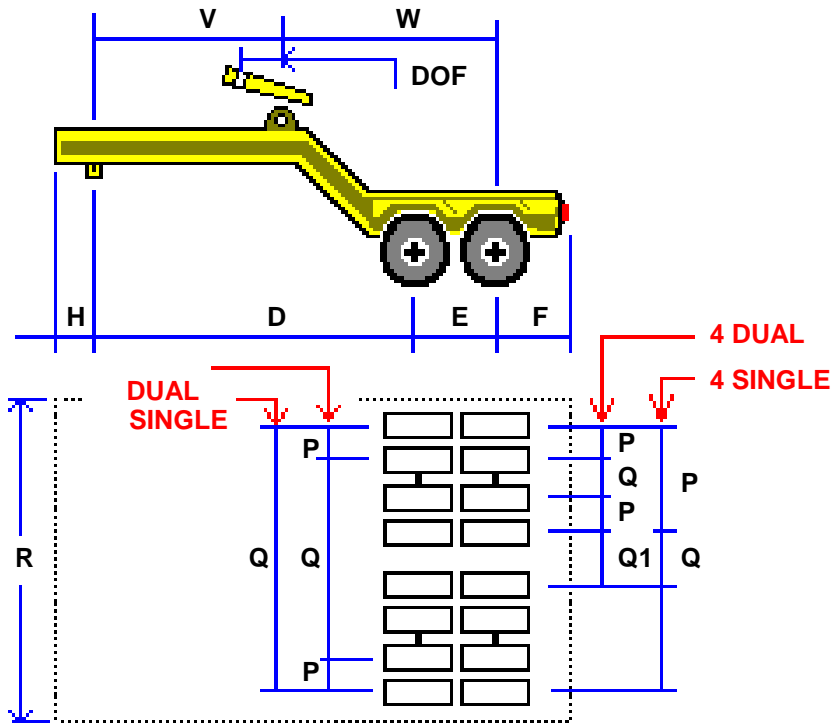
*Wheel Codes:	**Tyre Types:
Single	X-Ply
Dual	Radial
4 Single	Mich
4 Dual	

### Tyres

Tyre Type **	Tyre Size	Ply
<input style="width: 60px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 20px;" type="text"/>

### Dimensions (mm)

H	D	E	F	DOF	V	W
<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
R	P	Q	Q1			
<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>			



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: \_\_\_\_\_