



DEPARTMENT OF  
TRANSPORT

# Abnormal Vehicle Registration : MOBILE CRANE

Owner

Address

Tel.No.

Registration No

Make

Model

VIN

OFFICIAL USE

Seq. No.	KN 4				
Reg. Date					

Power    kW

MGVM.     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
			Y	N	Y	N	
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			
Total Width				Total Height		Total Length	

Single axle spacing (a)      Dual axle spacing (a) & (b)

### \*Crane Sections:

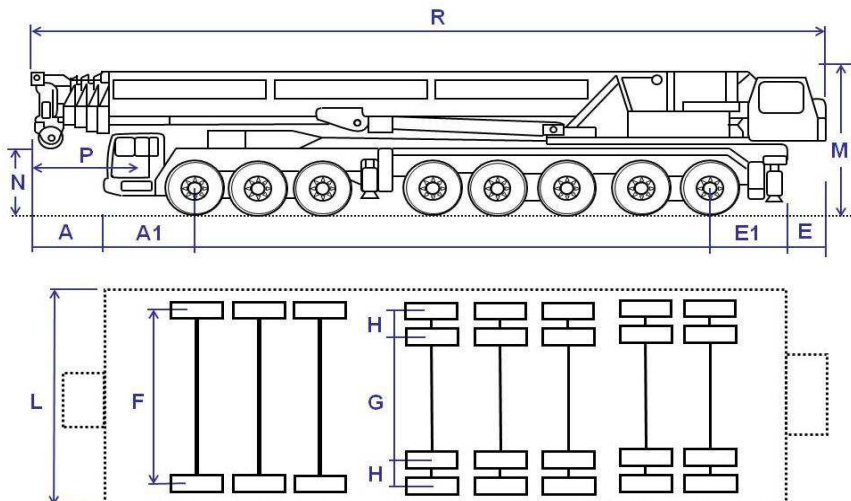
- F = Front
- R1 = Rear (1)
- R2 = Rear (2)
- T = Trailer

### \*\*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

06/02/2014

Received by: \_\_\_\_\_

Date: \_\_\_\_\_