DEPARTMENT OF TRANSPORT

Abnormal Vehicle Registration : TRUCK TRACTOR

Owner

Address

Tel.No.

OFFICIAL USE

Seq. No.	KN	1					
Reg. Date							

Make

Registration No

Power kW

Model

VIN

Ballasted Hauler? Yes / No

Steering axle driven? Yes / No

MGCM kg

MGVM kg

Max on 5th Wheel kg

Tag/ Extra: Front / Rear / Tandem

Axle Units

	No of Axles	Unladen Mass (kg)	Ratings (kg)
FRONT			
REAR			
TAG/ EXTRA			

Tyres

	Tyre Type **	Tyre Size	Ply
FRONT			
REAR			
TAG/ EXTRA			

Extra Axle steerable? Yes / No

Extra Axle driven? Yes / No

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

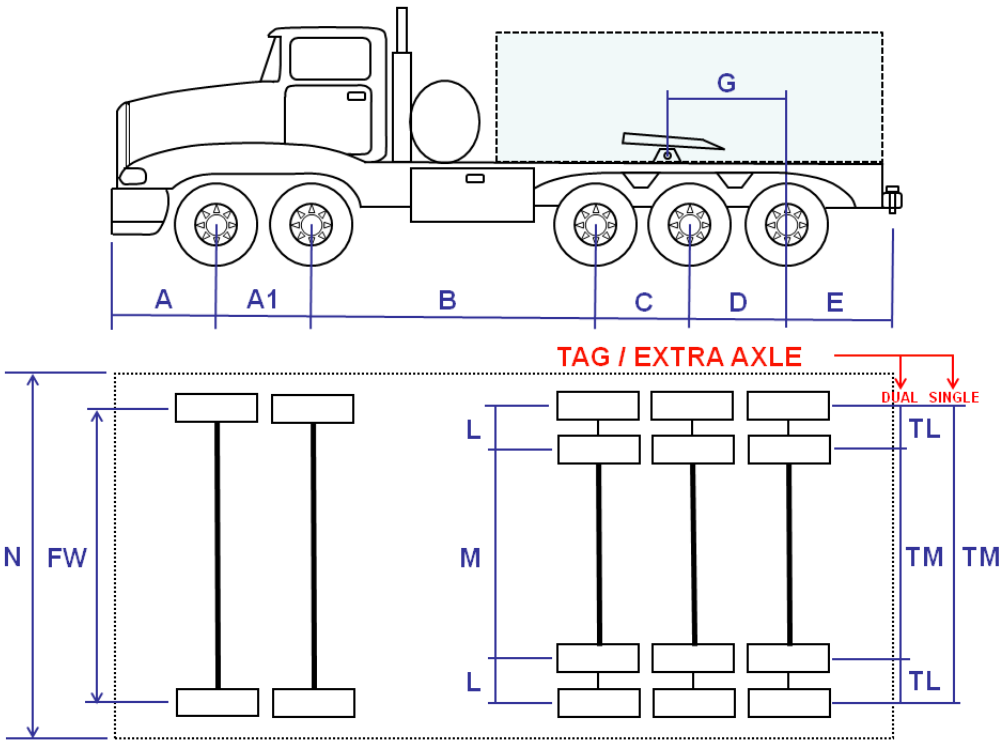
Wheel Codes*

FRONT	REAR	TAG/EXTRA AXLE

Dimensions (mm)

A	A1	B	C	D	E	G

N	FW	L	M	TL	TM



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

Signature: _____ (Completed by) _____ (Owner)

Date: _____

OFFICIAL USE

Received by: _____

Date: _____ 06/02/2014