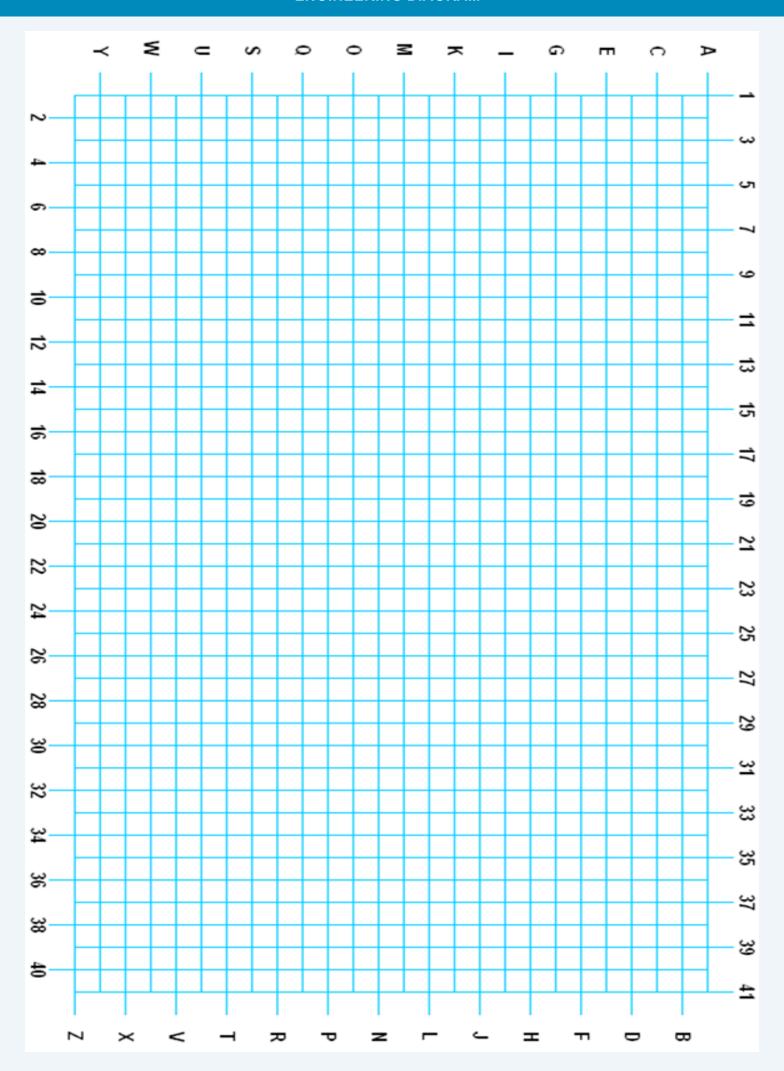


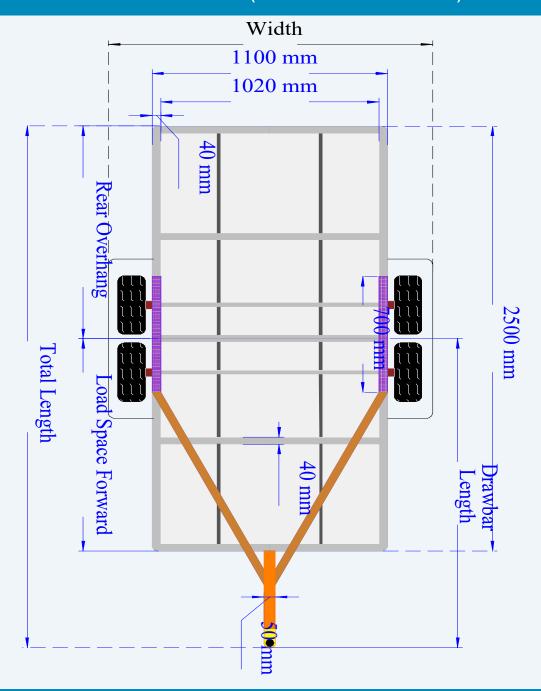
## Application for Bulk Licensing of Small Trailers

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

| APPI                   | TRAILER SPECIFICATIONS (CONTINUED) |         |                   |         |                         |         |                                  |                   |         |         |       |     |
|------------------------|------------------------------------|---------|-------------------|---------|-------------------------|---------|----------------------------------|-------------------|---------|---------|-------|-----|
| ORGANISATION/COMPANY   | (CORPORATION) IF APPLICABLE        | INSEF   | RT PHOTO          | O (45 D | EGRE                    | ES FR   | OM FR                            | ONT)              |         |         |       |     |
|                        |                                    |         |                   |         |                         |         |                                  |                   |         |         |       |     |
| ACN                    |                                    |         |                   |         |                         |         |                                  |                   |         |         |       |     |
|                        |                                    |         |                   |         |                         |         |                                  |                   |         |         |       |     |
| EGAL NAME OF ENTITY    |                                    |         |                   |         |                         |         |                                  |                   |         |         |       |     |
|                        |                                    |         |                   |         |                         |         |                                  |                   |         |         |       |     |
| ADDRESS                |                                    |         |                   |         |                         |         |                                  |                   |         |         |       |     |
|                        |                                    |         |                   |         |                         |         |                                  |                   |         |         |       |     |
|                        |                                    |         |                   |         |                         |         |                                  |                   |         |         |       |     |
| SUBURB                 |                                    |         |                   |         |                         |         |                                  |                   |         |         |       |     |
| STATE W A              | POST CODE                          |         |                   |         |                         |         |                                  |                   |         |         |       |     |
| POSTAL ADDRESS         |                                    |         |                   |         |                         |         |                                  |                   |         |         |       |     |
|                        |                                    |         |                   |         |                         |         |                                  |                   |         |         |       | _   |
|                        |                                    | INSEF   | RT PHOTO          | O (45 D | EGRE                    | ES FR   | OM RE                            | AR)               |         |         |       |     |
| SUBURB                 |                                    |         |                   |         |                         |         |                                  |                   |         |         |       |     |
| STATE                  | POST CODE                          |         |                   |         |                         |         |                                  |                   |         |         |       |     |
| STATE                  | POST CODE                          |         |                   |         |                         |         |                                  |                   |         |         |       |     |
| CON                    | NTACT DETAILS                      |         |                   |         |                         |         |                                  |                   |         |         |       |     |
| PRIMARY CONTACT DETAIL | _S                                 |         |                   |         |                         |         |                                  |                   |         |         |       |     |
| FAMILY NAME            |                                    |         |                   |         |                         |         |                                  |                   |         |         |       |     |
| FIRST NAME             |                                    |         |                   |         |                         |         |                                  |                   |         |         |       |     |
| -IKST NAME             |                                    |         |                   |         |                         |         |                                  |                   |         |         |       |     |
| POOLITION              |                                    |         |                   |         |                         |         |                                  |                   |         |         |       |     |
| POSITION               |                                    |         |                   |         |                         |         |                                  |                   |         |         |       |     |
| PHONE NUMBER           | MOBILE NUMBER                      |         |                   |         |                         |         |                                  |                   |         |         |       |     |
| TIONE NOMBER           | MODILE NOMBER                      | CAMP    |                   |         | -                       | IC ATIC | NI NII IN                        | 4DED              |         |         |       |     |
| EMAIL                  | FAX NUMBER                         | SAMP    | LE VEHIC          | SLE IDI | =NTIF                   | ICATIC  | אטא אכ                           | IBER              | T       |         |       |     |
|                        |                                    |         | ATION (FI         | DOM     |                         |         | CDOC                             | C TDAI            | LED     | $\perp$ |       |     |
| SECONDARY CONTACT DE   | TAILS                              | CHAI    | ATION (FI<br>RT   | ROM     |                         |         | MASS                             | SS TRAII<br>S     | LEK     |         |       | K   |
| FAMILY NAME            |                                    |         | ICLE PLA          |         |                         |         | TARE                             | MASS              |         |         |       |     |
|                        |                                    | CHAI    | ATION (FI<br>RT)  | ROM     |                         |         |                                  |                   |         |         |       | K   |
| FIRST NAME             |                                    | LENG    | GTH               |         |                         |         | NUME                             | BER OF            | AXLES   |         |       |     |
|                        |                                    | WIDT    | ГН                |         |                         | MM      | SUSP                             | ENSION            | J I OAD |         |       | _   |
| POSITION               |                                    | ****    |                   |         |                         | MM      |                                  | ING (YE           |         |         |       |     |
|                        |                                    | HEIG    | SHT               |         |                         | MM      |                                  | OF BRA            |         |         |       |     |
| PHONE NUMBER           | MOBILE NUMBER                      | REAL    | REAR OVERHANG     |         | IVIIVI                  |         | (DISC/DRUM ETC)  NUMBER OF AXLES |                   |         |         |       |     |
| -na a II               | FAYAUMPER                          |         |                   |         | ММ                      |         | FITTED WITH BRAKES               |                   |         |         |       |     |
| EMAIL                  | FAX NUMBER                         |         | ELBASE<br>LERS ON |         |                         |         |                                  | E ACTU<br>IOD (EL |         |         |       |     |
|                        |                                    | _       |                   |         |                         | MM      | OVER                             | RHYDRA            | AULIC)  |         |       |     |
| TRAILER                | SPECIFICATIONS                     | DRA     | WBARLE            | NGTH    |                         | ММ      |                                  | KAWAY<br>OR NO)   |         | ES      |       |     |
| MAKE                   | MODEL                              |         | DSPACE            |         |                         |         |                                  | SIZE.SI           |         | k LOA   | D IND | )E) |
|                        |                                    |         | FORWARD MM C      |         | DETAILS (175/65R14 95H) |         |                                  |                   |         |         |       |     |
| BODY TYPE              | SVC (TRANPORT USE ONLY)            |         | REGATE<br>LER MAS |         |                         | KG      |                                  |                   |         |         |       |     |
|                        |                                    | ATT A C |                   | DT 4 DE | DO\/                    | 1 /IE A |                                  | ^ D.L. E.\        |         |         |       |     |



## **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 (COMPL  | ETE WHERE APPL                                   | ICABLE)       |   | FRONT REFLECTOR (COMPLETE WHERE APPLICABLE) |                  |               |                |  |  |  |
|---------------|--|---------------|---|---|------------------|---------------|----------------|--|--|--|
| MAKE          | PART NUMBER                                      | SIZE          | CAPACITY                                  | MAKE  | PART NUMBER      | SIZE          | CAPACITY       |  |  |  |
|               |  |               |   |   |                  |               |                |  |  |  |
|               |  |               |   |   |                  |               |                |  |  |  |
| SAFETY CHAIN  | S (COMPLETE WH                                   | ERE APPLICAB  | LE)                                       | SIDE REFLECTOR (COMPLETE WHERE APPLICABLE)  |                  |               |                |  |  |  |
| MAKE          | PART NUMBER                                      | SIZE          | CAPACITY                                  | MAKE  | PART NUMBER      | SIZE          | CAPACITY       |  |  |  |
|               |  |               |   |   |                  |               |                |  |  |  |
|               |  |               |   |   |                  |               |                |  |  |  |
| AXLES (COMPL  | ETE WHERE APP                                    | LICABLE)      |   | REAR REFLEC                                 | CTOR (COMPLETE ) | WHERE APPLICA | BLE)           |  |  |  |
| MAKE          | PART NUMBER                                      | SIZE          | CAPACITY                                  | MAKE  | PART NUMBER      | SIZE          | CAPACITY       |  |  |  |
|               |  |               |   |   |                  |               |                |  |  |  |
|               |  |               |   |   |                  |               |                |  |  |  |
| HUBS (COMPLE  | TE WHERE APPL                                    | CABLE)        |   | PLATE (COMP                                 | LETE WHERE APPI  | LICABLE)      |                |  |  |  |
| MAKE          | PART NUMBER                                      | SIZE          | CAPACITY                                  | MAKE  | PART NUMBER      | SIZE          | CAPACITY       |  |  |  |
|               |  |               |   |   |                  |               |                |  |  |  |
|               | 1  |               |   |   |                  | ı             |                |  |  |  |
|               | PLETE WHERE AF                                   |               |   |   | ON (COMPLETE WH  | I             | 1              |  |  |  |
| MAKE          | PART NUMBER                                      | SIZE          | CAPACITY                                  | MAKE  | PART NUMBER      | SIZE          | CAPACITY       |  |  |  |
|               |  |               |   |   |                  |               |                |  |  |  |
| WILLEL C (COM | NETE WILEDE AD                                   | DUICARI E)    |   | STOP (COMPL                                 | ETE WILEDE ADDI  | ICABLE)       |                |  |  |  |
| MAKE          | PLETE WHERE AP                                   |               | CAPACITY                                  | MAKE  | PART NUMBER      | SIZE          | CAPACITY       |  |  |  |
| WAKE          | PART NUMBER                                      | SIZE          | CAPACITY                                  | WAKE  | PART NUMBER      | SIZE          | CAPACITY       |  |  |  |
|               |  |               |   |   |                  |               |                |  |  |  |
| FRAME MATER   | IAL (COMPLETE W                                  | HERE APPLICA  | BLE)                                      | TURN INDICAT                                | TORS (COMPLETE ) | WHERE APPLICA | ABLE)          |  |  |  |
| MAKE          | PART NUMBER                                      | SIZE          | CAPACITY                                  | MAKE  | PART NUMBER      | SIZE          | CAPACITY       |  |  |  |
|               | .,   | 0             | 07.1.7.07.1                               |   |                  | 0.22          | 07.11.71.011.1 |  |  |  |
|               |  |               |   |   |                  |               |                |  |  |  |
| DRAW BAR MA   | TERIAL (COMPLE                                   | ΓE WHERE APPL | ICABLE)                                   | FRONT POSIT                                 | ION (COMPLETE W  | HERE APPLICAE | BLE)           |  |  |  |
| MAKE          | PART NUMBER                                      | SIZE          | CAPACITY                                  | MAKE  | PART NUMBER      | SIZE          | CAPACITY       |  |  |  |
|               |  |               |   |   |                  |               |                |  |  |  |
|               |  |               |   |   |                  |               |                |  |  |  |
|               | DECLA  | RATION        |   | SIDE MARKER (COMPLETE WHERE APPLICABLE)     |                  |               |                |  |  |  |
|               | DEGER  | ITATION       |   | MAKE  | PART NUMBER      | SIZE          | CAPACITY       |  |  |  |
| ,             |  |               | ation has been built                      |   |                  |               |                |  |  |  |
|               |  |               | ilers" Vehicle Safety n applicable to the |   |                  |               |                |  |  |  |
|               |  |               | also declare that any                     |   | OUTLINE (COMPLET | ſ             | 1              |  |  |  |
|               | trailers will also com<br>Iformation on this for |               |   | MAKE  | PART NUMBER      | SIZE          | CAPACITY       |  |  |  |
|               |  |               | on) Act 2008, it is an                    |   |                  |               |                |  |  |  |
| •             | false or misleading in                           | nformation.   |   |   |                  |               |                |  |  |  |
| APPLICANT NAM | E  |               |   |   | ITLINE (COMPLETE |               | 1              |  |  |  |
|               |  |               |   | MAKE  | PART NUMBER      | SIZE          | CAPACITY       |  |  |  |
| POSITION      |  |               |   |   |                  |               |                |  |  |  |
|               |  |               |   |   | OFFIOE II        |               |                |  |  |  |
| SIGNATURE     |  |               |   |   | OFFICE U         | SE UNLY       |                |  |  |  |
|               |  |               |   | OFFICER NAME                                |                  |               |                |  |  |  |
| DATE          |  |               |   |   |                  |               |                |  |  |  |
| DATE / T      |  |               |   | POSITION                                    |                  |               |                |  |  |  |
| //            | /  |               |   |   |                  |               |                |  |  |  |
|               |  |               |   | 01001471177                                 |                  |               |                |  |  |  |
|               |  |               |   | SIGNATURE                                   |                  |               |                |  |  |  |
|               |  |               |   |   |                  |               |                |  |  |  |
|               |  |               |   |   |                  |               |                |  |  |  |

LIGHTING DETAILS