



ELIGIBILITY

Owner of vehicles used exclusively as an eligible emergency response vehicle and operated solely by volunteers.

APPLICANT DETAILS

FAMILY NAME/ORGANISATION OR COMPANY NAME

FIRST NAME/S

RESIDENTIAL ADDRESS

SUBURB

STATE POST CODE

POSTAL ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

SUBURB

STATE POST CODE

PHONE NUMBER MOBILE NUMBER

EMAIL ADDRESS

VEHICLE DETAILS

PLATE NUMBER YEAR

MAKE MODEL

VIN/CHASSIS NUMBER

VEHICLE TYPE

<input type="checkbox"/>	Fire Engine	<input type="checkbox"/>	Water Tanker Trailer
<input type="checkbox"/>	Fire Tender	<input type="checkbox"/>	Fire Control Officer's Vehicle
<input type="checkbox"/>	Fire Trailer	<input type="checkbox"/>	Table Top Truck
<input type="checkbox"/>	Ambulance	<input type="checkbox"/>	Personnel Carrier
<input type="checkbox"/>	Catering Vehicle	<input type="checkbox"/>	Tray Top (For use with Slip-on appliances)
<input type="checkbox"/>	Mobile Kitchen	<input type="checkbox"/>	Grader or Front End Loader
<input type="checkbox"/>	Utility	<input type="checkbox"/>	Other, please specify type of vehicle and how it will be used
<input type="checkbox"/>	Tractor Plant		
<input type="checkbox"/>	Tip Truck		
<input type="checkbox"/>	Panel Van		
<input type="checkbox"/>	Water Tanker Truck		

OTHER DETAILS

DECLARATION

I declare that this vehicle will be operated ONLY by volunteers and will be used SOLELY in emergency situations and that the information on this form is true and correct. I understand that under the provisions of the *Road Traffic (Administration) Act 2008*, it is an offence to provide false or misleading information.

NAME OF OWNER OR AUTHORISED AGENT (PLEASE PRINT)

SIGNATURE

DATE

/ /

OFFICE USE ONLY

RECEIVING OFFICER

SIGNATURE

DATE

/ /

SITE



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