



OFFICE USE ONLY		
Date Received	/	/
Customer ID	.....	
Vehicle ID	.....	

VS47

## Application for Assessment for Conditional Registration

### Applicant Details

Registered Owner/Business/Company Name

### Contact Details

Name (if different to above):	
Phone:	Postal Address:
Mobile:	
Email:	Postcode:

### Description of Vehicle and Intended Operation

Vehicle Make	Vehicle Model	No of Wheels	Date of Manufacture
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
Vehicle Identification	Engine Number	Colour	GVM (Gross Vehicle Mass)
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>

Vehicle Technical Details (Specification Sheet, Brochure, etc..)

.....

.....

.....

### Details of Intended Operation

.....

.....

.....

### Privacy Statement

The Registrar of Motor Vehicles is required to collect information for Registrations, Licenses and Permits under section 92 of the NT Motor Vehicles Act. The Registrar adheres to the Northern Territory Government's Privacy Statement and the Information Act.

### Applicant's Declaration

I declare that the information provided in this application is true and correct in every particular.  
 I understand approval for conditional registration is only considered for legitimate work related purposes.  
 The assessment is undertaken individually and may not be approved.

Applicant's Signature.....

Date: ...../...../.....

OFFICE USE ONLY

Senior Transport Inspector to Complete

Vehicle Dimensions (length, width, height, projections, rear overhang)

Form for Vehicle Dimensions

Permit Required

Yes/No checkboxes

Vehicle Mass (steer, drive, other)

Form for Vehicle Mass

Permit Required

Yes/No checkboxes

Conditional Registration Codes

General Operation checkboxes

Ownership Limitations checkboxes

Overmass checkboxes

Sign Lights checkboxes

Location Limitation checkboxes

Travel Restriction checkboxes

Oversize checkboxes

Speed Limit checkboxes

Comments/Conditions: text area

Restricted Use Codes (Body Code RUCOND)

Recommended/Not Recommended checkboxes

General Use Codes (Body Code GUCOND)

Approved/Not Approved checkboxes

Note: Senior Transport Inspectors are authorised to approve General Use applications

Signature line

Date line

Chief Transport Inspector to Complete (Restricted Use Application)

Comments/Conditions: text area

Approved/Not Approved checkboxes

Signature line

Date line

Vehicle Compliance Administration to Complete (Restricted Use Application)

Letter Submitted for Signature, MOVERS Updated, Process Completed checkboxes

Signature line

Date line