

# LOCAL AUTHORITY

## Series Special Number Plates



**TRANSPORT**  
Department of Transport

### Application Form

Licensing Division  
Box R1290 GPO  
Perth WA 6001

1 PLATE NUMBER REQUESTED (0 - 9999)

--	--	--	--



# KD

## CORN DOLLY COUNTRY

2. OWNER DETAILS NAME IN WHICH PLATES ARE TO BE REGISTERED

FULL NAME .....  
SURNAME OTHER NAMES

ADDRESS .....

TELEPHONE BUSINESS: ..... PRIVATE: .....

3. PLATE TO BE MANUFACTURED IN EMBOSSED METAL

4. VEHICLE DETAILS MAKE ..... BODY TYPE .....

EXISTING PLATE NUMBER .....

5. COLLECTION DETAILS CORRESPONDENCE TO BE DIRECTED TO OWNER IF NO, COMPLETE SECTION BELOW YES  NO

FULL NAME .....

ADDRESS .....

TELEPHONE: BUSINESS ..... PRIVATE .....

LICENSING CENTRE WHERE PLATES ARE TO BE COLLECTED .....

6. SIGNATURE OF APPLICANT ..... DATE .....

COUNCIL STAMP .....

OFFICE USE ONLY

7. DETAILS OF PAYMENT RECEIPT NO. .... AMOUNT .....

LICENSING CENTRE .....

8. APPROVING OFFICER PLATE NUMBER ..... APPROVED  NOT APPROVED

SIGNATURE ..... DATE .....

C:\DATA\PLATES\PLATEAPP\SHIRAPP\KCOORDA.DOC