

# Application for Concession on a Volunteer Emergency Services Response Vehicle

PLATE NUMBER

## Owner Details

FAMILY NAME/ ORGANISATION OR COMPANY NAME		GIVEN NAME(S)	
RESIDENTIAL ADDRESS			POSTCODE
POSTAL ADDRESS (IF SAME AS RESIDENTIAL ADDRESS WRITE "AS ABOVE")			POSTCODE
TELEPHONE NUMBER	FAX NUMBER	EMAIL	

## Vehicle Details

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER (VIN)/ CHASSIS NO
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**Vehicle Type** (Please tick (✓) one of the boxes below to indicate the type of emergency vehicle)

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

## Declaration

I declare that this vehicle will be operated **ONLY** by volunteers and will be used **SOLELY** in emergency situations and that the information given on this form is complete and true in all details. *(WARNING Penalties will apply if a false declaration is given).*

Signature		Date	
Name of Person Representing Company, if applicable (please print)			