



Owner/ Builder Use Only

REQUEST FOR A LOW VOLUME VIN FOR A NEW TRAILER

If you have built your trailer in this current calendar year and require a VIN, please complete this form, and fax, post or email to NEVDIS.

NB: Low volume VINs issued by the Department of Transport cannot be used on trailers that have been imported

If you have built your trailer prior to this current calendar year, you will need to present the trailer for examination where a request for a Low Volume VIN will be sent on your behalf by the Department of Transport Vehicle Examiners.

Please complete this form and return to Department of Transport - NEVDIS

Email: NEVDIS@transport.wa.gov.au

Fax: 1300 305 715

Mail: GPO Box R1290, Perth, Western Australia 6844

Enquiries 1300 224 090

DETAILS OF THE OWNER/ BUILDER

DRIVERS LICENCE NUMBER/ACN		
FAMILY / COMPANY NAME		OTHER NAME(S)
STREET ADDRESS		
SUBURB	POSTCODE	PHONE NUMBER
RETURN FAX/ EMAIL ADDRESS	MANUFACTURERS CODE (IF KNOWN)	

TYPE OF TRAILER *(One body type per form only)*

Year of Manufacture

- | | |
|---|---|
| <input type="checkbox"/> BOX TOP (T20) | <input type="checkbox"/> HEAVY TRAILER (T24)
Dog Trailer over 4,500kg ATM |
| <input type="checkbox"/> CARAVAN (T21) | <input type="checkbox"/> SEMI TRAILER (T25) |
| <input type="checkbox"/> OPEN FRAME (T22)
Eg: Boat, Car Carrier or Skeletal | <input type="checkbox"/> PLANT TRAILER (T26)
Plant Machinery, eg; compressor |
| <input type="checkbox"/> HEAVY-TRAILER (T23)
Pig Trailer or Dolly Converter over 4,500kg ATM | <input type="checkbox"/> OTHER (T27)
Eg: Flat Top, Tipper, Jinker, Van, Horse Float etc. |

Specify number of VINs required (Maximum of 20 per day)

NEVDIS USE ONLY

VIN/s ISSUED:

<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>
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Issued by:

Date: ___ / ___ / ___

***This form cannot be actioned unless it is completed in FULL.**