

Application for Special Series Plates

Department for Planning and Infrastructure Government of WA



EXMOUTH GAME FISHING CLUB

Please enter the numeric characters required, beginning with the first box on the left hand side and moving to the right. Leave any unused boxes blank

1 PLATE NUMBER REQUESTED

Plates to be issued from EGFC 0 to EGFC 99



E	G	F	C			
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2 PLEASE TICK ALL PREFERENCES WHERE APPROPRIATE

ORIGINAL APPLICATION

REMAKE APPLICATION

3 VEHICLE DETAILS

TYPE OF VEHICLE THE PLATES WILL BE ATTACHED TO: MOTOR VEHICLE
TRAILER/CARAVAN

4 OWNER DETAILS

NAME IN FULL: FAMILY NAME OR COMPANY NAME GIVEN NAMES

ADDRESS POSTCODE

DAYTIME TELEPHONE MOBILE DATE OF BIRTH

5 COLLECTION DETAILS

CORRESPONDENCE TO BE DIRECTED TO OWNER? YES NO (PLEASE COMPLETE BELOW)

NAME IN FULL: FAMILY NAME OR COMPANY NAME GIVEN NAMES

ADDRESS POSTCODE

DAYTIME TELEPHONE MOBILE DATE OF BIRTH

6 LICENSING CENTRE OR COUNTRY AGENT FROM WHICH PLATES WILL BE COLLECTED

7 DECLARATION

I UNDERSTAND THAT MY APPLICATION IS SUBJECT TO APPROVAL. I TAKE FULL RESPONSIBILITY FOR THE DISPLAYING OF THE APPROVED PLATES AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS OVERLEAF.

SIGNATURE OF APPLICANT DATE

Postal Address
Plate Section
GPO Box R1290
PERTH WA 6844