



VASS INSPECTION REQUEST

Email to: Info@cvc.net.au

CLIENTS DETAILS

DATE: STARTING DATE

REQUESTED BY:

ADDRESS

STATE: POST CODE:

EMAIL ADDRESS: PHONE NUMBER:

P/O NUMBER FINISH DATE

VEHICLE OWNERS DETAILS

NAME

ADDRESS:

CITY: STATE: P/ CODE:

VEHICLE DETAILS

MAKE MODEL

ENGINE TYPE & SIZE ENGINE #

REGO COMP. PLATE DATE

ODOMETER No OF SEATS INCLUDING DRIVER

GVM GCM

FRONT AXLE RATING REAR AXLE RATING

VIN#

No. TYRES (front) SIZE

No. TYERS (rear) SIZE

EXTREME AXLE SPACING NEW TARE WEIGHT

BRIEF DESCRIPTION OF MODIFICATION