



# CENTRAL COAST VINTAGE MOTORCYCLE CLUB INC.

## Conditional Registration Vehicle Inspection Report

To be forwarded to Club Registrar on completion.

Owner's Details

Financial Member's Receipt No.....

Name .....

Address .....

.....Post Code.....Tel.No.....

Machine Details

Plate No.....

Make.....Model.....Year

Engine No.....Frame No.....Capacity (CC)

Body  Solo  Sidecar

Inspection Checklist Tick when passed

<input type="checkbox"/> Forks & Frame	<input type="checkbox"/> Chain Guards	<input type="checkbox"/> Cables & Controls
<input type="checkbox"/> Wheels & Tyres	<input type="checkbox"/> Brakes	<input type="checkbox"/> Horn
<input type="checkbox"/> Mudguards	<input type="checkbox"/> Engine Mounts	<input type="checkbox"/> Lights & Reflector
<input type="checkbox"/> Sidecar & Couplings	<input type="checkbox"/> Exhaust System	<input type="checkbox"/> Rear Vision Mirror
<input type="checkbox"/> Seats & Footrests	<input type="checkbox"/> Petrol & Oil Tight	<input type="checkbox"/> Registration Holder

The machine above is roadworthy and meets the R.T.A. requirements for Historic Registration.

Signed Club Examiner.....

Name (Print).....

Date.....