

## Vehicle Nomination Form

### Registered Owner Information

First Name \_\_\_\_\_ Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Drivers Licence No \_\_\_\_\_  
Address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone No \_\_\_\_\_ Email \_\_\_\_\_

### Company Details (If vehicle is owned by a company)

Company Name \_\_\_\_\_ Phone No \_\_\_\_\_  
Address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Authorised Company Rep Name \_\_\_\_\_  
Authorised Company Rep Position \_\_\_\_\_

### Vehicle Details

Vin Number \_\_\_\_\_ Registration No \_\_\_\_\_ State \_\_\_\_\_  
Vehicle Make \_\_\_\_\_ Vehicle Model \_\_\_\_\_  
Year of Manufacture \_\_\_\_\_ Colour \_\_\_\_\_

### Participant Details

First Name \_\_\_\_\_ Surname \_\_\_\_\_  
Address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone No \_\_\_\_\_ Email \_\_\_\_\_

I, \_\_\_\_\_ hereby authorise \_\_\_\_\_  
(Registered vehicle owner or Authorised Company Rep) (Participant)

to install an alcohol interlock device to my vehicle and understand that if for any reason the above stated person cannot be contacted that I take full responsibility for the device and any costs involved with removal of the alcohol interlock device from the vehicle

Registered vehicle owner or  
Authorised Company Rep Signature \_\_\_\_\_ Date \_\_\_\_\_

