



South Coast Vintage Car Club

P.O. Box 272

Wollongong East 2520

www.southcoastvintagecarclub.org.au

Declaration by Club Member

For Plate Number: Vehicle:

I (Name) Hereby do agree;

1. Conditional Registration Plates (Plates) belong to and remain the property of Transport for NSW (T-f-NSW).
2. If I dispose of the vehicle I will return the Plates to T-f-NSW. (Plates are not transferable)
3. I shall remain a member of the South Coast Vintage Car Club Inc (SCVCC). Upon being unfinancial I will return the Plates to T-f-NSW.
4. If I do not wish to re-register my vehicle I will return the Plates to T-f-NSW & advise the SCVCC Plate Registrar.
5. My vehicle can only be used for:
 - i. Events organised by the SCVCC; or
 - ii. Events organised by a club that I am a member of and have declared on the T-f-NSW Historic or Classic Vehicle Declaration (1259 or 1835 forms); or
 - iii. Official CMC events listed on the CMC list; or
 - iv. Short runs for test and refuelling within 20km of vehicles normal garage; or
 - v. Club members family weddings that have been recorded in the club day book and a permit issued by the SCVCC and signed by the appropriate club official approved to sign by the committee; or
 - vi. Other movements approved by the plate registrar (or in their absence the agreed club official) and correctly recorded; or
 - vii. In accordance with the requirements of the T-f-NSW Log Book System if I have elected to participate in it.
6. I can only carry one person per seating position in the vehicle with a maximum of six persons.
7. I shall manage the vehicle in accordance with the road rules and in a safe manner.
8. I shall maintain the vehicle in a roadworthy condition.
9. I shall obey & adhere to the T-f-NSW Historic or Classic Vehicle Policy, as appropriate.
10. I shall not indulge in practices that may bring the SCVCC into unfavourable light.

I have a current NSW drivers licence, number

I have full Comprehensive or Third Party Property Damage insurance and will keep it paid up until the expiry or cancellation of the Conditional Registration.

Insurance Company:

Policy Number: Expiry Date:

Signature: Date: