



Lightning Sprints SA Incorporated

Incorporation No: A40435

Affiliated with the National Body of

'Australian Lightning Sprint Racing Association Inc.'

VEHICLE REGISTRATION APPLICATION FORM

NB: VEHICLE REGISTRATION & DAY-LIGHTING IS REQUIRED ANNUALLY TO KEEP A CAR NUMBER & TO RACE

Important: Please complete all sections marked with an *

* I/We being the owner/s _____

* Of (Full Address) _____ Postcode _____

* Contact Phone Numbers _____

* Email Address _____

Hereby apply for the registration of a vehicle that complies within the Open Wheel National Lightning Sprint Class specifications.

* Car Number Requested _____ * State Vehicle Garaged _____

* Full Name of Driver/s _____

* Colour: Major _____ Minor _____

* Make of Engine _____ Cubic Capacity _____

* Type of Vehicle _____ Year of Model _____

* Name of Mechanic/s _____

Where vehicle has multiple owners, or separate owner to driver, please state who should be enrolled as voting member at Drivers meetings _____

If renewing an expired registration, what changes, if any, have been made since last registered?

If renewing a registration please state last known date when was Vehicle Registered _____

I (insert applicant's name/representative signing this form) _____

declare that the above particulars, to my knowledge and belief, are true and correct.

Signed _____ Date _____

NB: Confirmation in writing of your vehicle registration will be provided by the LSSA Driver's Representative

OFFICE USE ONLY

Vehicle Prefix Issued _____ Vehicle Number Issued _____

Vehicle/Driver Log Book Issue to _____ on Date _____

Car Day-lighted at _____ on Date _____

By _____