VEHICLE REGISTER

_____ ____/____/____

Operator Business Name Date

Required for Mass Management Module only.

Vehicle Type (PM/T/D)	Vehicle Registration	Vehicle Make/Model/ Year	Vehicle Owner	Vin / Chassis No.	Tare Mass	GVM Rating	GCM Rating	AMMS Permit #	AMMS Permit Expiry Date	Date Added to List	Date Removed from List