

## Change in vehicle details

This form is for contractors to notify the Assisted School Travel Program (ASTP) of changes in vehicle details on runs.

Please ensure up-to-date insurance and registration policies are provided within 7 days after the commencement date and within 7 days of the anniversary renewal date. Periodic audits are conducted by the ASTP.

Email this completed form with all documents attached as a single PDF to [contractors.astp@det.nsw.edu.au](mailto:contractors.astp@det.nsw.edu.au)

### CONTRACTOR DETAILS

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Entity name: \_\_\_\_\_

Trading name: \_\_\_\_\_

Australian Business Number (ABN): \_\_\_\_\_

### VEHICLE CHANGES – *Attach a spreadsheet if required*

Run no: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Registration: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Reason: \_\_\_\_\_

Run no: \_\_\_\_\_ Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

Registration: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Reason: \_\_\_\_\_

Run no: \_\_\_\_\_ Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

Registration: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Reason: \_\_\_\_\_

### CHECKLIST – *To be completed by the contractor*

- Copy of the registration, insurance papers and engineering certificates for modified vehicles
- Registration is 'business use' or 'hand use'
- [Consent to vehicle checks and disclosure of information form](#)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_