

## 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 <a href="mailto:contractors.astp@det.nsw.edu.au">contractors.astp@det.nsw.edu.au</a>

| CONTRACTOR DETAILS  |             |            |
|---|-------------|------------|
| Title: First name:  |             | Last name: |
| Entity name:  |             |            |
|   |             |            |
| Trading name:   |             |            |
| Australian Business Number (ABN):   |             |            |
| VEHICLE CHANGES – Attach a speadsheet if required   |             |            |
| Run no:   | Start date: | End date:  |
| Registration:   | Make:       | Model:     |
| Reason:   |             |            |
|   |             |            |
| _   |             |            |
|   |             | End Date:  |
|   | 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:      |