

Application for Mobile/Advertising Trailer

I herewith make application in accordance with the Advertising Signage Bylaws & Policy for permission to display Mobile/Advertising Trailer



Applicant Details

Title	Mr	Mrs	Miss
Full Name			
Identity No			
Tel No			
Cell No			
Fax No			
E-mail Address			

Postal Address for Correspondence

_____ (Code)

Name of Business

Sole Proprietor	CC	Pty (Ltd)	Partnership	Other
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Agent Details

Title	Mr	Mrs	Miss
Full Name			
Identity No			
Tel No			
Cell No			
Fax No			
E-mail Address			

Postal Address for Correspondence

_____ (Code)

Insurance Details

Name of Insurance Company	
Policy No	
Sum Insured For	
Policy Expiry Date	
Intermediary	
Vehicle Registration No	

Material

PVC		Metal		Perspex		Painted		Digital	
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Dimensions

Width		Length		Total m ²	
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Region	Central	North	South	Inner West	Outer West	
Area(s)						

Pre-Acceptance Scrutiny Checklist	√	X
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Application forms submitted in duplicate		
Application fee		
Suitable photographs of trailer		
Application forms to correspond with drawings		
Indemnity form-completed and signed		
Public Liability (R2.5 million)		
Copy of vehicle licence		
Copy of registration certificate		

Note:

- Should the applicant fail to meet the requirements of the scrutiny list, the relevant items will be marked with 'X'. The application will be returned for correction and re-submission.
- All Application forms are to be submitted in original format, as faxed copies are not permitted.
- Compliance with the above list does not presuppose approval of the application by this Department.
- Applicant's attention is drawn to the fact that the approval period is valid for one year only from the date of approval.
- Application fees are non-refundable.**

Signature of Applicant

Date

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Name of Scrutiniser

Date

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For Office Use Only

Amount Paid	Date Paid	Receipt No