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## **APPLICATION FOR TRANSPORTING VEHICLES TO AUCTION**

Fax To: Disposals Controller on **02 9372 7722**

Department: \_\_\_\_\_

Registration: \_\_\_\_\_ Model: \_\_\_\_\_ Odometer: \_\_\_\_\_

Collection Address: \_\_\_\_\_

Contact Officer: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Special Arrangements: \_\_\_\_\_

**Note:** Please ensure disposal of this vehicle is in accordance with the requirements of the applicable leasing arrangement. For further details refer to the [Services Directory](#) on [www.statefleet.opws.nsw.gov.au](http://www.statefleet.opws.nsw.gov.au) or phone 02 9372 7743.

**Signature:**

**Date:**

**PLEASE ALLOW A MINIMUM OF THREE WORKING DAYS FOR  
COLLECTION FROM DATE OF RECEIPT OF THIS APPLICATION BY  
STATEFLEET.**