



SERVICE CREW VEHICLE REGISTRATION FORM

This form must be sent to the Permanent Secretariat, duly completed and signed, not later than Tuesday, 12/06/2018

Permanent Secretariat contact details:

CYPRUS AUTOMOBILE ASSOCIATION, P O BOX 22279, CY-1519 NICOSIA, CYPRUS
 Tel. +357 22313233 Fax +357 22313482 E-mail info@caa.com.cy



Vehicles gaining access to the Service Park must display the identification plate on the windscreen

Service Team Manager:	Contact Telephone Number:
Deputy Service Team Manager:	Contact Telephone Number:

VEHICLE & SERVICE CREW DETAILS

Service Vehicle 1	Make:	Model:	Colour:	Registration No.:
Driver Names	1.			Mob. Tel. No.:
	2.			Mob. Tel. No.:
	3.			Mob. Tel. No.:
	4.			Mob. Tel. No.:
Service Vehicle 2	Make:	Model:	Colour:	Registration No.:
Driver Names	1.			Mob. Tel. No.:
	2.			Mob. Tel. No.:
	3.			Mob. Tel. No.:
	4.			Mob. Tel. No.:
Auxiliary Vehicle 1	Make:	Model:	Colour:	Registration No.:
Driver Names	1.			Mob. Tel. No.:
	2.			Mob. Tel. No.:
	3.			Mob. Tel. No.:
	4.			Mob. Tel. No.:
Auxiliary Vehicle 2	Make:	Model:	Colour:	Registration No.:
Driver Names	1.			Mob. Tel. No.:
	2.			Mob. Tel. No.:
	3.			Mob. Tel. No.:
	4.			Mob. Tel. No.:
Person in charge of vehicles				Mob. Tel. No.:
Signature:	Signed by (full name in block letters):		Capacity:	
			Date:	

For official use

Comments:	Date:
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