

Fax to: 04 894 5011

Mail to: NZ Transport Agency, Vehicles Unit, Private Bag 6995, Wellington 6141

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Office use only		
Reference number:		

Application for a MotorSport left-hand drive exemption

Email to: exemptions@nzta.govt.nz Applicant details Company (trading name): _____ Postal address: ____ MotorSport New Zealand licence number: ____ Licence expiry date: ____ Vehicle details Make: __ Year of manufacture: ___ Model: __ Model code: __ VIN/chassis Required documentation Photocopy of Low Volume Vehicle MotorSport Authority Card NZ Transport Authority's discretion to grant exemptions The information contained in this application does not limit the NZ Transport Agency's authority to reject or accept an application, taking into account any conditions or matters related to the application, and satisfaction that there is no significant increase in risk to safety posed by the exemption requested. This application (for the above vehicle) has been approved by MotorSport NZ as being compliant with the eligibility criteria and exemption conditions as agreed to by the NZ Transport Agency and MotorSport New Zealand. Applicant signature: Signature on behalf of the MotorSport NZ technical department: