

SCARF

Record of Registration & Insurance for Private Vehicle used by Learner Drivers

This form is to be completed for private vehicles before SCARF Driving Mentors accompany community members in the vehicle. Please return this form to the SCARF Office for approval.

In all SCARF documents "*community members*" refers to refugee entrants accessing SCARF services.

Vehicle Owner:

Name: _____ Telephone: _____
Please PRINT

Address: _____

Vehicle Details:

Make: _____ Vehicle Model: _____

Registration Number: _____ Registration Expiry Date: ____/____/____

Vehicle Comprehensive Insurance:

Insurer: _____

Policy number: _____ Expiry Date: ____/____/____

Completed by:

Name: _____ Telephone: _____
Please PRINT

Signed: _____ Date: ____/____/____

SCARF ADMINISTRATION TO COMPLETE:

Original documents sighted by:

Name: _____
Please PRINT

Signed: _____ Date: ____/____/____