

## Built Up Vehicle Inspection Report



For completion by Applicant				
Name and Address:		Current Registrat	tion Number	
		Make:		
		Model:		
		Colour:		
Daytime Phone No:		Mileage (miles):		
		Tax Class:		
		Year of Manufactur	e:	
		Currently Taxed:		′es 🗌 No 🗌
Cars and Vans Major Components (delete as appropriate)	Serial/ID number	Origin (Registration Number or New)	Make of Vehicle Component	*Yes/No See below under receipts header
Chassis/Bodyshell				
Axles (both)				
Transmission				
Steering Assembly				
Engine				
Suspension (front and back)				
Motorcycles				
Frame				
Forks				
Wheels				
Engine				
Gearbox				
Motorcycles to tricycles				
Frame				
Engine				
Gearbox				
Front end (as applicable) Forks/suspension Steering assembly Front wheel(s)				
Rear end (as applicable) Rear axle Rear wheel(s) Rear spring(s) & damper(s)				
Frame/axle configuration Metal work new or used? Is metal work bolted or welded to the frame?				
Has the original motorcycle frame been cut out or modified?	Yes No D			
Brakes Front brake disc/drum Rear brake disc/drum				



\*Receipts for replacement parts must be produced to support applications

A. Original parts not used (state below how they will be disposed)				
B. Any other information/Additional documer (Retention of vehicle registration number may be o	nts produced considered but only if the details prior to alteration are held at DVLA.)			
Year in which rebuild was completed?				
Was the vehicle rebuilt by you?				
If not who carried out the rebuild?				
Place of inspection, if different from over the	e page			
Address				
Additional notes or comments (Please include any background information and	d further details which you may consider relevant).			
Signature	Date			

The details given above are believed to be correct to the best of my knowledge.