



NEW VEHICLE DELIVERY CHECKLIST

Instructions:
This Form is to be completed by the Dealer and signed. **Form D** together with the **Invoice** are to be sent by fax or mail to StateFleet Purchasing Section.

Fax: (02) 9372- 7772
Mail: **StateFleet Purchasing Section**, Level 12, 2-24 Rawson St, Sydney 2000.

The Invoice and "Form D" ARE NOT to be given to the client.

Order No: _____ <<system generated>>
Make /Model: _____ <<system generated>>
Vehicle Registration No: _____
Delivering Dealer: _____

CHECKLIST

- Compliance Plate date verified (<3 months Australian made ; <5 months imported vehicles)
- Vehicle complies with StateFleet order (make model, series, accessories)
- RTA registration label or interim label is affixed to vehicle
- VIN plate and engine number complies with Registration label and RTA documentation
- Driver collecting vehicle has been inducted into new vehicle.
- Vehicle has no body or paint damage Spare key and service book in vehicle
- Water, oil and battery levels checked ok Lights and electrical items checked ok
- Tested for rattles, brakes, alignment etc Tools; Jack and spare wheel in vehicle

Dealer:
I _____ representing the Dealer confirm that the vehicle meets the specification of the StateFleet purchase order and all delivery check points have been met.

Signed: _____ Date: _____

Client:
Received by:
Name: _____ Agency: _____

Signed: _____ Vehicle Collection Date: _____