**Vehicle registration form:**

University departments must ensure the completion of this registration form upon the successful acquisition of a motorised vehicle, once submitted this form will be checked and the vehicle added onto the University’s registry of vehicles and onto the University motor insurance policy. Please send form submissions to travel@aber.ac.uk.

No vehicle can be operated on University business until this form has been checked and added to the University register. Should a vehicle be operated by a University member prior to been added to the University register, this will equate to driving whilst uninsured and the University member could be at risk of a fine and points on their licence.

**Vehicle details:**

To ensure that the vehicle information is correct and the vehicle is roadworthy, please provide the requested information below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Vehicle registration** **Number:** |  | **Date acquired:** |  |
| **Vehicle make:** |  | **Vehicle model:** |  |
| **Owned/Leased:** |  | **Mileage:** |  |
| **Last service:****(If applicable)** |  | **Last MOT:****(If known)** |  |

**Custodian details:**

Please provide the details for the administrator or management member whom will be responsible for this vehicle:

|  |  |  |  |
| --- | --- | --- | --- |
| **Department:** |  | **Responsible University member:** |  |
| **Contact email:** |  | **Contact number:** |  |

**Invoicing details:**

In the unlikely event that a vehicle is involved in an incident and requires an insurance claim to be made, please provide the following budget information to ensure timely payment of an excess.

|  |  |
| --- | --- |
| **Work order:** |  |

Please also indicate whether a fuel card will be required for this vehicle: Yes / No

**Authorisation:**

By signing this form, the Head of Department is confirming acquisition of this vehicle and subsequently authorising the use of this vehicle on University business by University authorised drivers.

Name: Signed: Date: