

APPLICATION FOR VEHICLE STORAGE

NAME: _____

ADDRESS: _____

REASON STORAGE SOUGHT (please tick):

RELINQUISHING RENTAL ACCOMMODATION NO SAFE STORAGE AT RESIDENCE

OTHER (please detail): _____

DETAILS OF VEHICLE

MAKE/MODEL: _____

COLOUR: _____ REGISTRATION No: _____

CURRENT MARKET VALUE: \$ _____ DATE STORAGE REQUIRED FROM: _____

I agree to storage under the terms and conditions set out in the Expeditioner Information sheet below

NOTE: If your vehicle is currently insured it is recommended that you verify that coverage will continue during the storage period. If not, and if the vehicle is uninsured, we recommended that separate cover is obtained. The AAD is not responsible for any damage incurred and cannot provide indemnity for this.

SIGNATURE: _____ DATE: _____

OFFICE USE

Station: _____ Departure Voyage / Flight No.: _____

Summer Winter Round Trip

Application meets requirements Signature _____
Date _____

Where application does not meet normal requirements:

I recommend this application be APPROVED/NOT APPROVED for the following reason(s):

Signature: _____ Date: _____

This recommendation is APPROVED/NOT APPROVED

Delegate Signature: _____ Date: _____

Expeditioner Notified: YES NO Date: _____