

East Anglia Transport Museum Visiting Vehicle Entry Form

Name			
Organisation (if a	applicable)		
Address			
Contact Number		Email Address	
Event Name		Day/Date	
Make and mode	I		
Vehicle Registrat	ion	Fleet Number	
Year of manufac	ture	Vehicle type	
Are you able to r	<mark>un in service</mark> (Buse	es only)	
If you are willing	to run in service, ¡	please state which day/s	
,	o operate your tax om a qualified med	i on siteIf yes, the vehicle hanic.	must have a current MOT
Is the vehicle	Taxed	MOT/Certificate	Insurance
and have a valid	MOT (if required).	oove details are correct & the ext All drivers must hold the correct and proof must be presented upor	license to drive the exhibit
event and 3 com		er than 1 hour prior to the adver will be provided. Vehicles will no	, ,
Sign	Print	Date	
	e completed form Suffolk NR33 8BL.	to - Andy Swan (Events), East A	nglia Transport Museum,

For any queries, please email events@eatransportmuseum.co.uk