

**Qualified Car Club Representative
Inspection Statement
For Classic Assembled Motor Vehicles**

Section 1: TO BE COMPLETED BY APPLICANT

Name _____

Address _____

City _____ State _____ Zip _____

Section 2: TO BE COMPLETED BY QUALIFIED CAR CLUB REPRESENTATIVE ONLY

Vehicle Year _____ Make _____ Model _____

Engine Serial # _____

Transmission Serial # _____

Cowl Serial # _____

Door Serial # _____

Door Serial # _____

Door Serial # _____

Door Serial # _____

Frame Serial # _____

Body Serial # _____

Rear Clip Serial # _____

Nose Serial # _____

The following major component parts are NOT the original parts for this vehicle:

Are the parts listed above essentially the same in design and material to that originally supplied by the manufacturer for the year, make and model of vehicle listed above?

Yes

No

This is to certify that I have made a physical examination of the all of the major component parts of this vehicle and I certify that the information contained above is true and accurate. I am a Nebraska Department of Motor Vehicles Qualified Car Club Representative.

Date _____ Printed Name _____

Car Club I am Representing: _____ Telephone #: _____

Signature _____