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 # ______________________
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 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 ____________________________________________________________________________

7/2017