

SOUTH AFRICAN VETERAN & VINTAGE ASSOCIATION MOTORCYCLE DATING & IDENTIFICATION FORM

No.:_____Allocated by SAVVA Dating Chairman

IMPORTANT: PLEASE READ CAREFULLY

- 1. Application for the dating of a vehicle must be made by the owner of the vehicle to his/her Club Dating officer on the appropriate form, fully completed and signed by the owner, together with relevant documentary information as proof of the date of manufacture claimed. This form must be completed in full. Partially completed form **WILL NOT** be accepted by the Club Dating Officer or SAVVA Dating Chairman.
- 2. The responsibility for providing the necessary supporting documentation to verify the date of manufacture of a vehicle will always remain with the **OWNER** of the vehicle.
- 3. The owner will present the vehicle to be dated at a suitable time and venue for inspection by the Club Dating Officer or his/her appointed representative and examiners.
- 4. The Club Dating Officer will only sign the application after the above requirements have been met and the form signed by the examiner/s. He/she will then forward the application form and supporting documentation to the SAVVA Dating Chairman for verification.
- 5. This Motor Vehicle Dating and Identification Form remains the property of SAVVA at all times and will be retained by SAVVA.
- 6. The date of manufacture recognised by the SAVVA Dating Chairman will be accepted by all SAVVA affiliated clubs.
- 7. The date recognised by SAVVA as the date of manufacture for the vehicle described in this form is based on information available at the time the application was submitted. Should evidence be obtained that the SAVVA recognised date is not correct, the vehicle must be re-dated. In this case the original certificate and plaque must be returned to the SAVVA Dating Chairman.
- 8. This vehicle dating procedure is not intended as a guarantee of authenticity.

APPLICATION FOR SAVVA DATING OF MOTORCYCLE

To the Dating Officer of the (club):

I, the undersigned, being a member in good standing of the above club, wish to have the date of manufacture of the vehicle described in Sections 1 to 7 verified. I understand and accept the requirements of the SAVVA Dating Procedure and agree to abide by them.

I request that a Dating Certificate and / or Plaque be issued to me. (**Delete whichever is not applicable**) Please make an EFT into the SAVVA account and provide proof of payment together with the application. Two photographs showing left and right side views of the vehicle must be attached, together with supporting documentation for the date of manufacture claimed, which is to the best of my knowledge correct. I undertake to notify the SAVVA Dating Chairman should any changes be made to the vehicle or if information comes to hand which indicates that revision of the date recognised is required.

Name of Owner:_____

Address:

Tel: (W)_____(H)____(C)____

- (

E-mail_____

Year of manufacture	claimed by owner: _	
	-	

Date:_____Signature of owner:_____

Code:

F

PARTICULARS OF THE MOTORCYCLE

PLEA	SE PRINT IN INK	JEANS OF THE MOTORCTOLE		
Sectio	ons 1 – 7 to be completed by the MOTOR	CYCLE OWNER		
Note	that space has been provided in section 7	for additional comment		
1a)	GENERAL			
	Make:	Model:		
	Country of origin:	Registration no:		
1b)	ENGINE			
	Engine no:	Name of Manufacturer:		
	Bore:Stroke	: Cubic capacity:		
	Cylinder arrangement (e.g. Vertical Sin	Cylinder arrangement (e.g. Vertical Single, Parallel twin, etc)		
	No of cylinders:	No of valves per cylinder:		
	Overhead or Side valve:	Overhead or Side valve:		
	Valve operation (Push rod, Cam, desm	Valve operation (Push rod, Cam, desmodromic, etc)		
	If two stroke, piston ported or disc valve:			
	Is it to original specifications?			
1c)	COOLING SYSTEM			
10)		If water cooled is water pump fitted?		
1d)	CARBURETTOR			
,		Type:		
		How many Carburettors fitted?		
1e)	PETROL TANK			
	Type (flat or saddle)	Colour:		
1f)	IGNITION SYSTEM			
,	Name of manufacturer:	Type (Magneto or coil)		
1g)	LUBRICATION SYSTEM			
		ls it to original specifications?		
1h)	STARTING METHOD			

Pedal Assisted, Kick or other:

2.	TRANSMISSION		
2a)	CLUTCH		
	Туре:	Is it to original specifications?	
2b)	GEARBOX		
	Name of manufacturer:	_Gearbox no:	
	No of speeds:Position of gea	r lever:	
	Is gearbox to original specifications?		
2c)	FINAL DRIVE		
	Type (Chain, Belt, Shaft)	Is shaft open or torque tube?	
	Pedal Assisted:		
2d)	PRIMARY DRIVE		
	Type (Chain, Gear or Belt)	_Any modifications from original?	
3.	FRAME, SUSPENSION, STEERING, BRAKES AND WHEELS		
3a) FRAME			
	Frame no:	Pressed or Fabricated:	
	Welded or Bolted:	_Colour:	
	Wheelbase:Is the frame as	originally supplied with engine?	
3b)	SUSPENSION		
	Type – front: (Girder or telescopic)	_Type – rear (Rigid, Plunger or Swing arm)	
	Is it to original specifications?		
3c)	BRAKES		
	Type – front (Mechanical or hydraulic)	If mechanical, are they rod or cable operated?	
	Type- rear (Mechanical or hydraulic)	_If mechanical, are they rod or cable operated?	
	Are they stirrup, drum or disc?	_Any modification from original?	
3d)	WHEELS & TYRES		
	Rim size – front:	_Rim size – rear:	
	Tyre size – front:	_Tyre size – rear:	
	Are tyres wired or beaded edge?		

4. ANCILLARY EQUIPMENT (WHERE FITTED)

4a)	SPEEDOMETER	
	Make:	Drive method:
	Is it to original specifications?	
4b)	LIGHTING SYSTEM	
	Туре:	Make:
	Is it to original specifications?	
4c)	SADDLE	
	Single or Dual Seat:	Make:
	Is it to original specifications?	Is a separate pillion seat fitted?

5. ENGINE AND FRAME NUMBERS

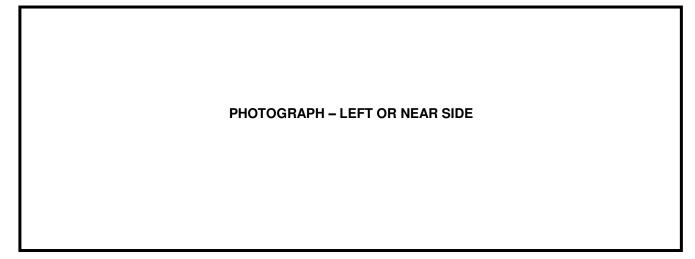
Rubbings of the engine and frame numbers are to be affixed here. *Optional - Photographs of the numbers can also be attached.*

ENGINE NUMBER	FRAME NUMBER

6. PHOTOGRAPHS AND DOCUMENTS

Attach the two original photographs required below (showing both sides of the motorcycle) and photocopies of supporting documentation to substantiate the date of manufacture claimed. All photographs shall include the author, title and page number/s of the book/s from which the information was obtained.

ALL PHOTOGRAPHS AND DOCUMENTATION TO BE STAPLED TO THESE PAGES



PHOTOGRAPH – RIGHT OR FAR SIDE

ANY SIGNIFICANT HISTORICAL HISTORY ON THE MOTORCYCLE

HISTORY OF THE MOTORCYCLE

e.g. Any interesting history pertaining to the vehicle: - Details of previous owners: - Who restored the vehicle? What was the duration of the restoration?



7. GENERAL COMMENTS RELATING TO SECTIONS 1 TO 4 ABOVE AND DETAILS OF VARIATIONS FROM ORIGINAL. PLEASE PRINT IN INK

Identify all known variations from the original specifications, including details of those noted in sections 1 to 4. If the vehicle is an assembly of many different year models, give details of these. Give details of known authenticated history. (Rumours or hearsay must NOT be included). Please supply full details on a separate page if the space provided is insufficient.

8. CLUB VERIFICATION

Section 8 will be completed by the CLUB DATING OFFICER after the owner of the vehicle has submitted all the information, photographs and documentation required and presented the vehicle for inspection.

APPLICATIONS RECEIVED, MUST BE ACCOMPANIED BY PROOF OF PAYMENT FROM THE OWNER OF THE VEHICLE ON ______ DAY OF ______ 20_____

NOTE: The club Dating Officer or his appointed representative and at least one other examiner must inspect the vehicle. Reference books used by the examiner shall be listed below.

COMMENTS BY EXAMINER

We the undersigned, have examined the above vehicle, have satisfied ourselves that all details supplied by the owner in this application are correct and recommend that the SAVVA Dating Officer recognise the date of manufacture as:

19_____

According to the FIVA Technical Code 2010, Section 4.2: Vehicle Preservation Group, we categorise this vehicle as:				
Group 1	Group 2	Group 3	Group 4	
	(Please circle	the appropriate group)		
Name of Examiner:				
1	Signature:		Date:	
2	Signature:		Date:	
Name of Club Dating Officer:_ Address of Club Dating Officer				
Signature of Club Dating Office	er:			
2. SAVVA VERIFICATIO	DN			

This section will be completed by the SAVVA Dating Chairman once all the requirements stipulated in this application have been met.

Date application received from Club Dating Officer:				
If application is not in order, date returned to Club Dating Office	r:			
Year of manufacture recognised by SAVVA Dating Chairman				
Certificate Number:	_Despatched on (date)			
Plaque Number:	Despatched on (date)			
To: (name of club dating officer)				
Comment by SAVVA Dating Chairman:				
Signature of SAVVA Dating Chairman:	_Date:			
Signature of SAVVA Chairman:	Date:			