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First Name:	<input type="text"/>			
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Last Name:	<input type="text"/>			
Date of Birth:	<input type="text" value="/ /19"/>			
Drivers Lic.	<input type="text"/>			
Email:	<input type="text"/>			
Phone:	<input type="text"/>			
Residential Address	<input type="text"/> <input type="text"/> <table><tr><td>State:</td><td>Postcode:</td><td><input type="text"/></td></tr></table>	State:	Postcode:	<input type="text"/>
State:	Postcode:	<input type="text"/>		
Preferred Username:	<input type="text"/>	Min 6 Character/Digits		
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