



Application for Renewal of Registration and Certificate of Premium Paid

Full Name of Applicant On Behalf of Joint Owners or Unincorporated Business	<i>Company/Family Name</i>	Date of Birth
	<i>Given Names/ACN or INC No.</i>	
Residential/Company Address		
		Postcode
Postal Address		
		Postcode
Garage Address		
		Postcode

Registration No.		Make of Vehicle (Holden, Ford etc.)	
Colour		Body Type (Sedan, Utility, Van, Truck, Motor Cycle etc)	

Period of Registration (Please appropriate box).
 Periodic Registration is not available to common expiry registration

Light Vehicles	6 months	<input type="checkbox"/>	12 months	<input type="checkbox"/>		
Heavy Vehicles	3 months	<input type="checkbox"/>	6 months	<input type="checkbox"/>	12 months	<input type="checkbox"/>

Total Charges _____

Declaration
 I declare that the above information relating to this vehicle and its registered operator is correct.
 Signature of Applicant.....Date

Personal Information Protection Statement Personal Information we collect from you for Registration and Licensing processes will be used by the Registrar of Motor Vehicles for that purpose and may be used for other purposes permitted by the Vehicle and Traffic Act 1999 and associated laws. Your personal information may be disclosed to contractors and agents of the Registrar of Motor Vehicles, law enforcement agencies, the Motor Accidents Insurance Board, vehicle manufacturers (safety recalls only), courts and other public sector bodies or organisations authorised to collect it. The information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by you on request to this Department. You may be charged a fee for this service. Failure to provide this information may result in your application not being processed or records not being properly maintained.