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| Department of State Growth  Road User Services Division  Form Number: MR36 03/18 |  |

**Application for Certificate of Premium Paid   
(Off-Road vehicles or Overseas vehicles – not required to be registered)   
Light Vehicles –** Single, joint, Company or Incorporated Association names only.

**Heavy Vehicles –** Single, Company or Incorporated Association names only.

Proof of Entitlement to Register is required e.g.: Receipts, previous registration certificates.

|  |  |  |
| --- | --- | --- |
| Full Name of Applicant  On Behalf of Joint Owners or  Unincorporated Business |  | Date of Birth |
|  | Mobile No. |
| Residential/Company  Address |  | |
|  | Postcode |
| Postal Address |  | |
|  | Postcode |
| Garage Address |  |  |
|  | Postcode |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Vehicle Details** | | | | | | | |
| Make | | Model | | | Series | | |
| Main Body Colour ( C:\Users\ka-cornish\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\L7NN5DY4\MC900434665[1].wmf appropriate box)  Black  Gold  Orange  Brown  Grey  Red  Yellow  ellow | | | | | | Month & Year of Manufacture | |
| Blue  Green  Pink  Cream  Mauve  Silver  White | | | | | | Month | Year |
| Body Type e.g. car, motor cycle | | Fuel Type ( C:\Users\ka-cornish\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\L7NN5DY4\MC900434665[1].wmf appropriate box)  Petrol  Diesel  Petrol/Gas  Gas  Other | | | | | |
| No. of  Cylinders | No. of Rotors | No. of  Axles | No. of Seats   (including driver) | Engine Capacity  (motor cycles only) | | No. of  Wheels | |
| Engine Number Vehicle Identification Number (VIN) or Chassis Number | | | | | | | |

**Has vehicle been previously registered in Tasmania or elsewhere?** Yes No

If ‘Yes’ state the previous registered operator Registration Number

**PLATES SURRENDERED** Yes No

**Declaration**

I (full name)

Office Use Only

**Identification Number………………………..…….**

**Amount Paid……………………………………...…..**

**Receipt Number………………………....................**

|  |  |
| --- | --- |
| Proof of entitlement to register | Attached |
| Evidence of identity | Sighted |
| Proof of address | Sighted |
| Proof of garage address | Sighted |

Solemnly and sincerely declare the particulars shown above to be true in all   
respects.

Signature Date

**DECLARATION MAY BE MADE BY:** ( appropriate box) Registered Operator

Dealer

Agent