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| Department of State GrowthRoad User Services DivisionForm Number: MR71 03/18 |  |

**Application for Renewal of Registration and Certificate of Premium Paid**

|  |  |  |
| --- | --- | --- |
| Full Name ofApplicant/CompanyOn Behalf of Joint Owners orUnincorporated Business |  |  Date of Birth |
|  |
| Residential/Company Address |  |  Mobile No. |  |
|  | Postcode |  |
| Postal Address |  |
|  | Postcode |  |
| Garage Address |  |  |
|  | Postcode |  |

Registration Make of Vehicle (Holden, Ford etc.)

No.

Colour Body Type
 (Sedan, Utility, Van, Truck, Motor Cycle etc.)

**Period of Registration** (Please ![C:\Users\ka-cornish\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\R7OA9MN6\MC900434665[1].wmf]()appropriate box).
Periodic Registration is not available to common expiry registration

Light Vehicles 6 months 12 months

Heavy Vehicles 3 months 6 months 12 months

Total

Charges

**Declaration**

I declare that the above information relating to this vehicle and its registered operator is correct.

Signature of Applicant…………………………………………………………..Date ………………..