

Application for (Please box/s below)

- Replacement Certificate of Registration and
 Certificate of Premium Paid
 and/or
 Replacement Number Plates

OFFICE USE ONLY	
New Registration Number	
Issued on (date).....	
At	
By	
<input type="checkbox"/> Proof of identity sighted	
<input type="checkbox"/> Proof of address sighted	
<input type="checkbox"/> Proof of garage address sighted	

Registration Number	Make (Holden, Toyota, etc)	Vehicle Type (Car, Truck, Trailer, etc)
Full Name of Registered Operator/s	Company/Family Name	If in joint names (light vehicles only) insert both full names
	Given Names	
Residential/Company Address		Postcode
Postal Address		Postcode
Phone Number		

Which have been: Lost Damaged Destroyed Stolen
 (box)
 Other _____
 Details

No of Plates Returned: 1 2 If 1, state reason
 (If applicable, box)

Declaration by Registered Operator/s or Agent

I, (Full Name/s) _____ do hereby
 declare that the Registration Certificate or Plate/s indicated above have been lost, damaged, destroyed, stolen, or other, as detailed,
 and I/We request a Replacement.

Signed _____ 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 Accident Insurance Board, vehicle manufacturers (safety recalls only), courts and other public sector bodies or organisations authorised to collect it. This 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.