

# Registered Operator Notification Wrecked Vehicle

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## [Written-Off Vehicle Questions and Answers](#)

Please ensure that you have completed all sections of this form.

### 1. VEHICLE DETAILS:

|                                |                      |
|--------------------------------|----------------------|
| Registration Number:           | <input type="text"/> |
| Make:                          | <input type="text"/> |
| Model:                         | <input type="text"/> |
| Colour:                        | <input type="text"/> |
| Vehicle Identification Number: | <input type="text"/> |
|                                | or                   |
| Chassis Number:                | <input type="text"/> |

### 2. TYPE OF VEHICLE: (please tick)

|                          |                          |
|--------------------------|--------------------------|
| Sedan/Ute/Station Wagon: | <input type="checkbox"/> |
| Van/Bus:                 | <input type="checkbox"/> |
| Motor cycle:             | <input type="checkbox"/> |
| Trailer:                 | <input type="checkbox"/> |
| Caravan:                 | <input type="checkbox"/> |

to the best of my knowledge the above vehicle should be classed as:

|                       |                          |
|-----------------------|--------------------------|
| Wrecked:              | <input type="checkbox"/> |
| Demolished:           | <input type="checkbox"/> |
| Dismantled:           | <input type="checkbox"/> |
| Date Vehicle Crashed: | <input type="text"/>     |

### 3. DETAILS OF PERSON MAKING THE NOTIFICATION:

|                   |                      |                    |  |
|-------------------|----------------------|--------------------|--|
| Name:             | <input type="text"/> |                    |  |
| Address:          | <input type="text"/> |                    |  |
| Postcode:         | <input type="text"/> |                    |  |
| Telephone Number: | <input type="text"/> | (work)             |  |
|                   | <input type="text"/> | (business)         |  |
|                   | <input type="text"/> | (mobile)           |  |
| Signature:        | <input type="text"/> |                    |  |
| Date:             | <input type="text"/> | (day, month, year) |  |

Please return this form to the Registration and Licensing Branch, Business Operations Unit, GPO Box 1002, Hobart, 7001 or fax to (03) 6233 3837, or to any *Service Tasmania* Shopfront. For more information, please

contact the Transport Enquiry Service on 1300 851 225.

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**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.

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