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| **About this form**  To be eligible to apply for a pension concession on your Driver Licence and/or Vehicle Registration you **must**   * hold a current Pensioner Concession or Health Care Card (**MUST** be the primary card holder), and * receive a pension or allowance from Centrelink under the *Social Security Act 1991*, or from the Department of Veterans’ Affairs (DVA) under the *Veterans’ Entitlements Act 1986*, or * be a member of the Transport Access Scheme administered under the *Vehicle and Traffic Act 1999*. * be the registered operator of a commercial goods vehicle (4.5t GVM or less), which is not permitted to be used for the purpose of any trade or business.   You **must** notify the Registrar of Motor Vehicles if, after the grant of this rebate, you either:   * cease to be a pensioner, **or** * the vehicle is used or let on hire for the purpose of trade or business.   For further information or help with this form, call **1300 135 513.**  **I (full name)**   |  |  | | --- | --- | | Family name |  | | Given names |  | | Date of Birth | / / |   of **(address)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | | | | |  | | | | | | **Postcode** | | **Mobile No.** | | | | **Vehicle Registration Number** | |  | **Tasmanian Drivers Licence Number** | | |  | |  |  | |   **Which allowance or pension do you receive?**   |  |  | | --- | --- | | **Centrelink** (under the *Social Security Act 1991)* |  | | **Health Care Card** |  | | **DVA** (under the *Veteran’s Entitlements Act 1986*) |  | | **Totally & permanently Incapacitated**  (TPI Pension) |  |   **Important Note:** You are only eligible to receive a rebate or motor tax on the registration for one vehicle  **Centrelink Customer Reference Number (CRN) or DVA file number**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Centrelink CRN |  |  |  | - |  |  |  | - |  |  |  | - |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | DVA file number |  | | | | | | | | | | | | |  |  | | --- | | Date of grant / / **(DVA Date of Grant Letter must be provided if applying for a licence and/or registration refund)** | | I make this solemn declaration under the *Oaths Act 2001*.   |  |  | | --- | --- | | **Signature of Applicant** |  | | **Declared at (Place)** |  | | **On (Date)** | / / |   **Before me** (Justice of the Peace, Commissioner for Declarations or authorised person)   |  |  | | --- | --- | | **Signature** |  | | **Full name** |  | | **Qualification** |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Declaration and Authorisation**  **I declare** that the information provided on this form is true and correct.  I …………………………………… authorise:   * + the Department of State Growth to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service.   + Services Australia to provide the results of that enquiry to Department of State Growth.   I understand that:   * + Services Australia will disclose personal information to Department of State Growth including my name, concession card status and payment type to confirm my eligibility for a concession.   + this consent, once signed, remains valid while I am a customer of Department of State Growth unless I withdraw it by contacting the Department of State Growth or Services Australia.   + I can get proof of my circumstances/details from Services Australia and provide it to Department of State Growth so they can determine my eligibility for a concession.   + if I withdraw my consent or don’t alternatively provide proof of my circumstances or details, I may not be eligible for the concession provided by Department of State Growth.  |  |  | | --- | --- | | **Signature of Applicant** |  | | **Date** | / / |   For further information about the Centrelink Confirmation eServices, a brochure is available from Centrelink or on Centrelink’s website at [www.centrelink.gov.au](http://www.centrelink.gov.au/).  Office Use Only  **Health Care or Concession card sighted**   |  | | --- | | CSO signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_ |   **Refund Required** | | **If no further action is required write NFA in box**  *Forward completed form to Registration and Licensing in Bundle 12* | | |