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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)**

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| --- |
|  |
|  |
|  **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 |  |

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| --- |
| 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** |  |

|  |  |  |  |  |  |
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| **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**

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| --- |
| 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* |

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