



Application for Renewal of Registration and Certificate of Premium Paid

Full Name of Applicant On Behalf of Joint Owners or Unincorporated Business	Company/Family Name		Date of Birth
	Given Name/AGN or INC No.		
Residential/Company Address			Mobile No.
			Postcode
Postal Address			
			Postcode
Garage Address			
			Postcode

Registration No.		Make of Vehicle (Holden, Ford etc.)	
Colour		Body Type (Sedan, Utility, Van, Truck, Motor Cycle etc)	

Period of Registration (Please appropriate box).
 Periodic Registration is not available to common expiry registration

Light Vehicles	6 months	<input type="checkbox"/>	12 months	<input type="checkbox"/>	
Heavy Vehicles	3 months	<input type="checkbox"/>	6 months	<input type="checkbox"/>	12 months <input type="checkbox"/>

Total _____
 Charges _____

Declaration

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

PERSONAL INFORMATION PROTECTION STATEMENT
 You are providing personal information to the Registrar of Motor Vehicles, who will manage that information in accordance with the *Personal Information Protection Act 2004* and relevant provisions of the *Vehicle and Traffic Act 1999*. The personal information collected here will be used by the Registrar of Motor Vehicles for driver licensing and vehicle registration purposes, and related purposes under the *Vehicle and Traffic Act 1999* and associated laws, including for national identity matching and verification purposes. Failure to provide this information may result in your application not being processed, or records not being properly maintained. The Registrar of Motor Vehicles may also use the information for related purposes, or disclose it to third parties in circumstances allowed for by law. You have the right to access your personal information by request to the Registrar of Motor Vehicles and you may be charged a fee for this service.