|  |  |
| --- | --- |
| Department of State GrowthLand Transport Safety DivisionForm Number: MR169 03/18 |  |

|  |  |  |
| --- | --- | --- |
| Details Entered on MRS |  |  |
| Proof of identity  | Sighted |
| Proof of address  | Sighted |
| Proof of garage address | Sighted |

**Nomination of Garage Address**

|  |  |
| --- | --- |
| **Registration Number** |  |
| **Make** |  |
| **Body Type** |  |
| **New Garage Address** |  |
|  | **Postcode** |  |
|  | **Mobile No.** |  |
| If you have more than one vehicle registered in your name, please C:\Users\ka-cornish\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\L7NN5DY4\MC900434665[2].wmfone of the following statements: |
| * I would like to nominate all vehicles in my name to have the garage address recorded as stated above.
 |
|  | or |
| * I have other vehicles registered in my name that will be garaged at a different address from above and I have completed the details below.
 |

|  |
| --- |
|  |
|

|  |  |
| --- | --- |
| **Other Garage Address** |  |
|  | **Postcode** |  |

 |
| Applies to the following vehicles: |
|

|  |  |
| --- | --- |
| Registration Number |  |
| Make |  |
| Body Type |  |

|  |  |
| --- | --- |
| Registration Number |  |
| Make |  |
| Body Type |  |

|  |  |
| --- | --- |
| Registration Number |  |
| Make |  |
| Body Type |  |

|  |  |
| --- | --- |
| Registration Number |  |
| Make |  |
| Body Type |  |
| Signature of Registered Operator | ………………………………. | Date | ………………. |

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