|  |  |
| --- | --- |
| Department of State Growth  Land Transport Safety Division  Form 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. | | | | |

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| --- |
|  |
| |  |  |  |  | | --- | --- | --- | --- | | **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 | ………………. | | |