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| Department of State Growth  Road User Services Division  Form Number: MR163 03/18 |  |

**APPLICATION FOR PENSION CONCESSION AND 40% MOTOR TAX** **REBATE**

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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**  / / | | I make this solemn declaration under the Oaths Act 2001.   |  |  | | --- | --- | | **Signature of Applicant** |  | | **Declared at (Place)** |  | | **On (Date)** | / / |   **Before me** (Signature of Justice, Commissioner for Declarations or authorised person)   |  |  | | --- | --- | | **Signature** |  | | **Full name** |  | | **Qualification** |  |   **Customer Confirmation**  I Authorise   * The Department of State Growth to use Centrelink Confirmation eServices to perform a Centrelink Confirmation eServices enquiry of my Centrelink or Department of Veterans’ Affairs Customer details and concession card status in order to enable the Department of State Growth to determine if I qualify for a concession, rebate or service. * The Australian Government Department of Human Services to provide the results of that enquiry to the Department of State Growth.   I understand that:   * The Australian Government Department of Human Services will use information I have provided to the Department of State Growth to confirm my eligibility for a concession or rebate and will disclose to the Department of State Growth personal information including my name, address, payment and concession card type and status. * This consent, once signed, remains valid while I am a customer of the Department of State Growth unless I withdraw it by contacting the Department of State Growth or the Department of Human Services. * I can obtain proof of my circumstances /details from the Australian Government Department of Human Services and provide it to the Department of State Growth so that my eligibility for a concession or rebate can be determined. * If I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for a concession or rebate provided by the Department of State Growth.      |  |  | | --- | --- | | **Signature of Applicant** |  | | **Date** | / / |   For further information about the Centrelink Confirmation eServices, a brochure is available for Centrelink or on Centrelink’s website at  [www.centrelink.gov.au](https://www.humanservices.gov.au/individuals/centrelink)  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* | |  | |