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| Department of State Growth  Road User Services Division  Form Number: MR164 03/18 |  |

**APPLICATION FOR PENSION/HEALTH CARE CARD CONCESSION**

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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*.   **NOTE:** You must show your Pensioner Concession or Health Care card when you return this form.  For further information or help with this form, call **1300 135 513.**  **Your full name**   |  |  | | --- | --- | | Family name |  | | Given names |  | | Date of Birth | / / |   **Address**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | | | | |  | | | | | | **Postcode** | | **Mobile No.** | | | | **Vehicle Registration Number** |  | **Tasmanian Drivers Licence Number** | |  |  |  |   **Are you a member of the Transport Access Scheme?**   |  |  |  | | --- | --- | --- | | **No** |  | Go to next question | | **Yes** |  | Go to Declaration and Authorisation |   **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 concession on the registration for one vehicle in each vehicle class (ie one car, one cycle, one trailer, one caravan) | **Centrelink Customer Reference Number (CRN) or**  **DVA file number**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Centrelink CRN |  |  |  | - |  |  |  | - |  |  |  | - |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | DVA file number |  | | | | | | | | | | | | |  |  | | --- | | **Date of grant**  / / |   **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 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 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 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 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](http://www.centrelink.gov.au/)  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* | |  | |