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| Department of State GrowthRoad User Services DivisionForm 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 |  |

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| --- |
| **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.

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| **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

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| --- | --- |
| **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* |  |

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