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| Department of State Growth  Road User Services Division  Form Number: MR96 03/18 |  |

Application for Interchangeable Trailer Concession

I, (Full Name of Registered Operator)…......................................................................................................  
 for

Company/Business Name..........................................................................................................................................................

Address of Registered Operator..............................................................................................................................  
……………………………………………………………Postcode…………………Mobile no...............................   
Declare that the following vehicles comply with the conditions listed below:

Prime Mover Registration Numbers Trailer Registration Numbers

**Conditions:**

* Interchangeable trailers are those heavy goods carrying semi-trailers, except b-double lead, plant and special purpose trailers, in excess of the number of prime movers registered in an operator’s name;
* Interchangeable trailers must travel less than 20,000 km per year and the owner must be able to provide evidence to substantiate that usage;
* Interchangeable trailers may only be towed by prime movers registered in the name of the Registered Operator of the trailer.  
    
  **Note:** Existing registration plates must be returned with this application.

I hereby declare that the information given by me is, to the best of my knowledge, correct. I MAKE this solemn Declaration under the *Oaths Act 2001*

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| Signed |  |
| Declared at (*place*) |  |
| On (*date*) |  |
| Before me  (justice, commissioner for declarations or authorised person) |  |