Department of State Growth

Road User Services Division Form Number: MR30 11/22



OFFICE USE ONLY

Cert	lacement (tificate of F	Issued on (date). At By Proc	☐ Proof of address sighted	
Registration Number		Make (Holden, Toyota, etc.)	Vehicle Type	(Car, Truck, Trailer, etc.)
Full Name of Registered Operator/s	Given Names			If in joint names (light vehicles only) insert both full names
Residential/Company Address				Postcode
Postal Address				Postcode
Mobile No.				
Which have been: (** box) Number of Plates Retu	Lost [Other	estroyed Sto	
	Tried.	II TOTO state reason		
Declaration by Regist	tered Ope	rator/s or Agent		
Details				
I, (Full Name/s) declare that the Registrat as detailed, and I/We req		ate or Plate/s indicated above have acement.	been lost, damaged, d	do hereby destroyed, stolen, or other,
Signed			Date	

PERSONAL INFORMATION PROTECTION STATEMENT

You are providing personal information to the Registrar of Motor Vehicles, who will manage that information in accordance with the *Personal Information Protection Act 2004* and relevant provisions of the *Vehicle and Traffic Act 1999*. The personal information collected here will be used by the Registrar of Motor Vehicles for driver licensing and vehicle registration purposes, and related purposes under the *Vehicle and Traffic Act 1999* and associated laws, including for national identity matching and verification purposes. Failure to provide this information may result in your application not being processed, or records not being properly maintained. The Registrar of Motor Vehicles may also use the information for related purposes, or disclose it to third parties in circumstances allowed for by law. You have the right to access your personal information by request to the Registrar of Motor Vehicles and you may be charged a fee for this service.