

## APPLICATION FOR RELEASE OF INFORMATION

Full Name of Applicant	Mr	Mrs	Company/ Family Name
	Miss	Ms	ACN or Inc. No./ Other Names
Company/Residential Address			
Postal Address			
Mobile No.		Date of Birth	Driver Licence No

Please complete the relevant section below. The application must be signed. Evidence of Identity must be provided.

<b>1. Motor Vehicle Accident</b> <input type="checkbox"/> (√)		Copy of Police report or letter from Insurance Company <u>must</u> be attached.	
1. Date of Accident ..... / ..... / .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	4. Specific location of accident. _____	
2. Your own Registration Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	
3. Registration Number of other vehicle(s)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	
<b>2. Your Driver Licence Enquiry</b> <input type="checkbox"/> (√)			
<input type="checkbox"/> Date and year of obtaining driver licence		<input type="checkbox"/> Other – Please specify _____	
<input type="checkbox"/> 5 Year Driving History		_____	
<b>3. Your Vehicle / Registration Enquiry</b> <input type="checkbox"/> (√)			
Registration Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Other – Please specify _____	
<input type="checkbox"/> Statement for date of disposal			
<b>4. Details of Other Person's Record</b> <input type="checkbox"/> (√)			
<input type="checkbox"/> Driver Licence Enquiry		<input type="checkbox"/> Vehicle Registration Enquiry	
May be subject to request under Right to Information Act 2009. Authority letter and evidence of identity from the licence/registration holder must be provided			
Drivers Licence Number	<input type="text"/>	Registration Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type of Information required and reason..... .....			
<b>5. Other Request for Information</b> <input type="checkbox"/> (√)			
Type of Information required and reason..... .....			

Name and signature of Applicant		
..... (Name)	..... (Signature)	..... / ..... / ..... (Date)

Office Use Only
Evidence of identity <input type="checkbox"/> Attached <input type="checkbox"/> Sighted <input type="checkbox"/> Authority letter
Name..... Date..... Signature ..... Completed Yes <input type="checkbox"/> No <input type="checkbox"/>

<a href="http://www.transport.tas.gov.au/fees_forms/registration_licensing">http://www.transport.tas.gov.au/fees_forms/registration_licensing</a>	
<b>Payment Details</b>	
Name on Card _____	Expiry Date _____
Card Number _____	CCV _____

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.