

## APPLICATION FOR RELEASE OF INFORMATION

Full Name of Applicant/Company Name	Company/ Family Name	
	ACN or Inc. No./ Other Names	
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"/> (✓) <b>Copy of Police report or letter from Insurance Company must be attached.</b>								
1. Date of Accident	..... / ..... / .....	4. Specific location of accident.						
2. Your own Registration Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
3. Registration Number of other vehicle(s)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
<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	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<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"/> (✓) <b>Driver Licence Enquiry</b> <input type="checkbox"/> <b>Vehicle Registration Enquiry</b> <input type="checkbox"/>								
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	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							Registration Number
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)

<b>Office Use Only</b>	<a href="http://www.transport.tas.gov.au/fees_forms/registration_licensing">http://www.transport.tas.gov.au/fees_forms/registration_licensing</a>
Evidence of identity <input type="checkbox"/> Attached <input type="checkbox"/> Sighted <input type="checkbox"/> Authority letter	<b>Payment Details</b>
Name..... Date..... Signature .....	Name on Card _____ Expiry Date _____
<b>Information provided to client</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	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.