|  |  |
| --- | --- |
| Full Name of Applicant/Company Name |  |
| Postal Address |  |
| Mobile Number |  |  Date of birth |
| Email Address |  |  Licence Number |

|  |
| --- |
| **Please complete the relevant section below.** The application must be signed. Evidence of Identity must be provided. |
| **1. Motor Vehicle Accident** **Copy of Police report or letter from Insurance Company must be attached**. |
|

|  |  |  |
| --- | --- | --- |
| 1. Date of Accident | ........ /…….. / ……..  | 4. Specific location of accident |
| 2. Your own Registration Number |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

 |  |
| 3. Registration Number of other vehicle(s) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

 |  |

 |
| **2. Your Certified Driver Licence History**  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date and year of obtaining driver licence |  | 10 Year Driving History |
|  | 3 Year Driving History |  | All Years Driving History |
|  | 5 Year Driving History |  |  |

 |
| **3. Your Vehicle / Registration Enquiry** |
|

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Registration Number  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

 |   | Other – please specify ……...………................................................ |
|  Statement for date of disposal |  | …………………………………………………. |

 |
| **4. Details of Other Person’s Record**  | Driver Licence Enquiry  | Vehicle Registration Enquiry  |
| **Authority letter and evidence of identity from the licence/registration holder must be provided** |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Drivers Licence Number |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

 | Registration Number |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

 |
| Type of Information required and reason…………………………………………………………………………………………………………..…………………………………………………………………………………. |

 |
| **5. Other Request for Information** (Including your personal information) |  |
|

|  |
| --- |
| Type of Information required and reason ………………………………………………………………………………. |
| …………………………………………………………………………………………………………………………………….. |

 |
|  |
| Name and Signature of Applicant

|  |  |  |
| --- | --- | --- |
| …………………………………. | …………………………………. |  ………. / ………. / ………. |
| Name | Signature | Date |

 |

|  |
| --- |
| **Office Use Only** |
| Evidence of identity Sighted Authority letter (attached) |
| Name………………………….…….Date…………………………………Signature ……………………….….**Information provided to client.** **Yes No**  |

<http://www.transport.tas.gov.au/fees_forms/registration_licensing>

**Card details not required when applying at Service Tasmania**

Name on Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date \_\_\_\_\_\_\_\_

Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_