|  |  |  |
| --- | --- | --- |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_