



This application is subject to Section 139D and Regulation 98 of the *Motor Vehicles Act*. Search fees apply on application.

I hereby request information from the register of motor vehicles

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|--|---------------------------------------|-------------|-------------|
| CLIENT No. | TITLE | SURNAME | GIVEN NAMES |
| RESIDENTIAL ADDRESS: NUMBER AND STREET | | SUBURB/TOWN | POSTCODE |
| CONTACT PHONE NO. | SIGNED (APPLICANT / REGISTERED OWNER) | | DATE |
| REGISTRATION NUMBER | MAKE & TYPE OF VEHICLE | | |

Information required - please state what information you require

Reason for the application

Please send requested information to one of the following:

| | |
|-------------|--------------|
| BY POST TO: | |
| BY FAX TO: | BY EMAIL TO: |

| | | |
|-----------------------|------------|--------------------------------------|
| OFFICE USE ONLY | ID SIGHTED | SIGNATURE AND BRANCH OF CSC OPERATOR |
| | | |