



**1. ABOUT THE OWNER**

Surname / Body Corporate Name	Given Names	Client / Licence Number
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**Residential (Home)/ Business Address**

Number and Street	Suburb / Town	Postcode
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**Postal Address (if different to above address)**

Suburb / Town	Postcode
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**2. PLEASE COMPLETE THIS SECTION TO APPLY FOR A REPLACEMENT CERTIFICATE OR LABEL**

Make of Vehicle	Body Type	Plate Number
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(Please tick the appropriate boxes)

**I hereby apply for a:** Replacement Label  Replacement Certificate  Replacement Registration Details Certificate   
 (FIRS vehicles only)

**The original document has been:** Lost  Destroyed  Other .....

**3. PLEASE COMPLETE THIS SECTION TO APPLY FOR A REPLACEMENT UNREGISTERED VEHICLE PERMIT**

Current Permit Number (if known)	Commencement Time / Date : / /	Expiry Date / /	Vehicle Type (Vehicle, Motorbike, Trailer)
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Make of Vehicle	Body Type	Plate Number	Office Use Only New Permit Number
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(Please tick the appropriate box)

**The original document has been:** Lost  Destroyed  Other .....

**4. DECLARATION BY OWNER (EVIDENCE OF IDENTITY MAY BE REQUIRED)**

I declare that the information supplied by me in making this application is applicable.

Personal Signature of Registered Owner(s)/Operator(s) ..... Date...../...../.....

**Lodge this form at any Service SA Centre**

For further information telephone: 13 10 84 [www.sa.gov.au/vehicleregistration](http://www.sa.gov.au/vehicleregistration) ABN 92 366 288 135

May be posted to: Service SA, Customer Service Section, GPO Box 1533, Adelaide SA 5001 with the applicable fee.

ISMF Classification when complete –  
SENSITIVE: PERSONAL – I3 – A3