



APPLICATION FOR REPLACEMENT REGISTRATION DETAILS CERTIFICATE OR UNREGISTERED VEHICLE PERMIT

MR15 10/21

1. ABOUT THE OWNER

Form with fields for Surname / Body Corporate Name, Given Names, Client / Licence Number, Residential (Home)/ Business Address, Number and Street, Suburb / Town, Postcode, Postal Address (if different to above address), Suburb / Town, Postcode.

2. PLEASE COMPLETE THIS SECTION TO APPLY FOR A REPLACEMENT REGISTRATION DETAILS CERTIFICATE

Form with fields for Make of Vehicle, Body Type, Plate Number, and checkboxes for 'The original document has been: Lost', 'Destroyed', 'Other'.

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

Form with fields for Current Permit Number (if known), Commencement Time / Date, Expiry Date, Vehicle Type (Vehicle, Motorbike, Trailer), Make of Vehicle, Body Type, Plate Number, Office Use Only New Permit Number, and checkboxes for '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...../...../.....