



AN APPLICANT FOR A PROOF OF AGE CARD MUST BE 18 YEARS OF AGE OR OLDER.

Evidence of identity (evidence of commencement of identity and use of that identity) and evidence of residential address must be provided for applicants who are not an existing client with a photograph and/or signature stored on the Registrar of Motor Vehicles' database.

For a proof of age card the applicant's date of birth must be shown on at least one piece of evidence of identity documentation. Refer to MR583 Evidence of Identity brochure for acceptable forms of proof of age, evidence of existence, evidence of identity and evidence of residential address. This information may be confirmed with the issuer or official record holder.

INFORMATION PRIVACY PRINCIPLE

No personal information will be disclosed except as is required or authorised by law.

ABOUT THE APPLICANT (please write in BLOCK LETTERS)

Form fields for applicant information: SURNAME, GIVEN NAMES, GENDER (M, F, X), DATE OF BIRTH, EYE COLOUR, HEIGHT (CM), CONTACT PHONE NO., EMAIL ADDRESS, RESIDENTIAL ADDRESS, POSTAL ADDRESS (if different to above). Includes a question about Aboriginal and/or Torres Strait Islander origin.

DECLARATION

I hereby declare that the above information and the supporting proof of identity documents I have provided are true and correct in every detail. I consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

Signature and Date fields for the applicant.

NOTE: If evidence is provided that the applicant is unable to sign, this may be left blank.

IT IS AN OFFENCE TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS APPLICATION.

OFFICE USE ONLY

Form fields for office use: EVIDENCE OF IDENTITY DOCUMENTS SIGHTED, CLIENT No., EVIDENCE OF EXISTENCE, EVIDENCE OF USE OF IDENTITY, EVIDENCE OF RESIDENTIAL ADDRESS, SIGNATURE OF VERIFYING OFFICER, USER ID, DATE.

- * To submit this form on behalf of another person, you must:
• Provide written authorisation signed by the applicant authorising you to act on their behalf
• Provide written evidence from the applicant's medical practitioner as to the applicant's inability to attend in person
• Present your current South Australian Driver's Licence
• Be aged 18 years or more
• Be contactable by telephone during normal business hours
• Complete the reverse of this form and sign

**DECLARATION BY PERSON ACTING
ON APPLICANT'S BEHALF**

Please write clearly using BLOCK LETTERS

SURNAME (FAMILY NAME)		GIVEN NAMES		
DATE OF BIRTH / /	LICENCE/CLIENT NUMBER	HOME NUMBER	WORK NUMBER	MOBILE NUMBER

Residential Address

NUMBER AND STREET	SUBURB/TOWN	POSTCODE
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SIGNATURE	DATE / /
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OFFICE USE ONLY

NAME & SIGNATURE OF MANAGER/CUSTOMER SERVICE OFFICER	OFFICE LOCATION	OFFICE STAMP
NAME	SIGNATURE DATE / /	

*** NOTE: If the applicant is a new customer or their signature is not on record, or the record of their signature has expired, the applicant must sign in the yellow box on the MR292a Data card form.**