

Please complete this form and sign below. It is necessary to provide original documents for evidence of identity if you do not provide an existing Victorian Photo licence or learner permit or confirmed client number.

Please print clearly in ink using BLOCK letters and cross where applicable.

Section 1 & 3 to be completed by the Registered Operator.

Please provide your Victorian Licence/Permit/Client Number

* You will have a client number with VicRoads if you have held a Victorian licence or learner permit or have had a vehicle registered in your name in Victoria.

1. Registered Operator Details

 Male

 Female

 Company#

Surname		Given Name					
Previous Name(s) (if applicable)				Date of Birth		D D M M Y Y Y Y	
Company Name				ACN			
Home (or Company) Address						Postcode	
Postal Address (if different from above)						Postcode	
Garage Address (if different from Home (or Company) Address)						Postcode	
Contact Phone Number				E-mail address (optional)			

I hereby authorise the Dealership to register the following vehicle in the above name

2. Vehicle Details

Make		Model		Colour			
Body Type				Compliance Plate Date		M M Y Y Y Y	
VIN (Chassis or Frame, if no VIN)							
Engine No.				Date to be registered		D D M M Y Y Y Y	

3. Additional Information (indicate where applicable)

<input type="checkbox"/> D.S.S. Concession	<input type="checkbox"/> D.V.A. Concession	<input type="checkbox"/> TPI	<input type="checkbox"/> Health Care Card	Card Number			
<input type="checkbox"/> Custom	<input type="checkbox"/> Slimline	<input type="checkbox"/> Govt. Plates	<input type="checkbox"/> Reissue	<input type="checkbox"/> Out of sequence	Plate No.		
<input type="checkbox"/> Primary Producer	<input type="checkbox"/> Charitable and Benevolent Rate		<input type="checkbox"/> Common Expiry	Common Expiry Date		D D M M Y Y Y Y	

Personal information VicRoads collects from you may be used for the purposes, and disclosed to persons, permitted by Section 92 of the Road Safety Act. It may be disclosed to various organisations and persons, including (without limitation) to contractors and agents of VicRoads, law enforcement agencies, other road and traffic authorities, the Transport Accident Commission, vehicle manufacturers (for safety recalls), road safety researchers, courts and other organisations or people authorised to collect it.

You are required to provide this personal information. Failure to provide the information may result in this form not being processed, or records not being properly maintained. For further information about our use of your personal information and your right of access to it, see the VicRoads brochure "Protecting your Privacy", or contact VicRoads on 13 11 71.

Providing false and/or misleading information or documents is a serious offence under the Road Safety Act 1986 and/or Marine Act 1988 and can result in you being fined or imprisoned. Any authority or approval, given as a result of you providing such information/documents, may be reversed and have no effect.

By signing this form, I declare that all information and/or documents provided by me is true and correct.

Signature of Registered Operator				Date		D D M M Y Y Y Y	
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Details of Company Representative (# This section must be completed if company is selected in section 1)

Full name							
Position of Representative				Victorian Licence/Permit/Client No.			
Signature				Date		D D M M Y Y Y Y	

DEALER USE ONLY Registered Operator's Evidence of Identity

Primary Evidence (original) Passport Australian Photo Lic/Permit

Australian Birth Certificate Other (please specify)

Origin (state/country)		Document Number					
Date of Expiry		D D M M Y Y Y Y					

Secondary Evidence sighted Type of Document

Proof of Victorian Residence sighted Type of Document

Signature of Authorised Dealer Delegate

User ID	Date	D D M M Y Y Y Y					
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DEALER USE ONLY Company Representative's Evidence of Identity

Primary Evidence (original) Passport

Australian Birth Certificate Other (please specify)

Origin (state/country)		Document Number					
Date of Expiry		D D M M Y Y Y Y					

Secondary Evidence sighted Type of Document

Signature of Authorised Dealer Delegate

User ID	Date	D D M M Y Y Y Y					
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