



# Transfer of Off-Road Vehicle Registration

*Control of Vehicles (Off-road areas) Act 1978*

Purchaser's copy

This form must be completed and signed by both the Seller and the Purchaser.

The Purchaser must mail this copy to:

**Department of Transport**, GPO Box R1290, Perth, WA 6844 within 14 days of the sale.

## Vehicle Details (Details to be completed from vehicle licence papers)

PLATE NUMBER

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REGISTRATION EXPIRY DATE

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## Seller Details

FAMILY NAME	GIVEN NAME
RESIDENTIAL ADDRESS	
SUBURB OR TOWN	POSTCODE
SIGNATURE	DATE

## Purchaser Details

FAMILY NAME	GIVEN NAME																		
DATE OF BIRTH (APPLICANT MUST BE OVER 18 YEARS OF AGE)	DATE VEHICLE ACQUIRED																		
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RESIDENTIAL ADDRESS																			
SUBURB OR TOWN	POSTCODE																		

## STATUTORY DECLARATION (to be completed by the purchaser)

I do solemnly and sincerely declare that the above information is correct, that I have attained the age of eighteen years and that the above vehicle conforms to the prescribed safety and noise requirements of the *Control of Vehicles (Off-road areas) Act 1978*, and I am the owner of the above vehicle. I make this solemn declaration by virtue of the *Oaths, Affidavits and Statutory Declarations Act 2005*.

Declared at: ..... this ..... day of ..... 20.....

Signature of Declarant: .....

Declared before:

SURNAME/FAMILY NAME	OTHER NAMES
QUALIFICATION	SIGNATURE

Please see overleaf for information on who can witness a Statutory Declaration.

This Declaration must be made before any of the following persons:

- Academic (post-secondary institution)
- Accountant
- Architect
- Australian Consular Officer
- Australian Diplomatic Officer
- Bailiff
- Bank Manager
- Chartered Secretary
- Chemist
- Chiropractor
- Company Auditor or Liquidator
- Court Officer  
(Judge, Magistrate, Registrar or Clerk)
- Defence Force officer  
(Commissioned, Warrant or NCO with  
5 years continuous service)
- Dentist
- Physiotherapist
- Podiatrist
- Police Officer
- Post Officer Manager
- Psychologist
- Public Notary
- Public Servant (State or Commonwealth)
- Real Estate Agent
- Settlement Agent
- Sheriff or Deputy Sheriff
- Surveyor
- Teacher
- Tribunal Officer
- Veterinary Surgeon
- Doctor
- Engineer
- Industrial Organisation Secretary
- Insurance Broker
- Justice of the Peace
- Lawyer
- Local Government CEO or deputy CEO
- Local Government Councillor
- Loss Adjuster
- Marriage Celebrant
- Member of Parliament  
(State or Commonwealth)
- Minister of Religion
- Nurse
- Optometrist
- Patent Attorney

Or, any person before whom, under the *Statutory Declarations Act 1959* of the Commonwealth, a statutory declaration may be made.



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**Vehicle Details** (Details to be completed from vehicle licence papers)

PLATE NUMBER	REGISTRATION EXPIRY DATE
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Seller Details**

FAMILY NAME	GIVEN NAME
RESIDENTIAL ADDRESS	
SUBURB OR TOWN	POSTCODE
SIGNATURE	DATE

**Purchaser Details**

FAMILY NAME	GIVEN NAME
DATE OF BIRTH (APPLICANT MUST BE OVER 18 YEARS OF AGE)	DATE VEHICLE ACQUIRED
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RESIDENTIAL ADDRESS	
SUBURB OR TOWN	POSTCODE

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Signature of Declarant: .....

Declared before:

SURNAME/FAMILY NAME	OTHER NAMES
QUALIFICATION	SIGNATURE