

APPLICATION FOR SHORT TERM UNREGISTERED VEHICLE PERMIT

Office Use Only
Permit No.
Amount Paid
Receipt No.

Applicant Details

Company/Inc. Association Name:		A.C.N/Inc No.	
Both names are required for Joint Applications			
Full name of Applicant		Date of Birth	Licence No.
Full name of Applicant		Date of Birth	Licence No.
Residential/Company Address			Post Code
Mail Address			Post Code
Has the vehicle been previously registered? YES / NO (circle) If yes, which State?			Registration Number

Vehicle Details

MAKE *		MODEL		MONTH/YEAR OF MANUFACTURE		
				MONTH	YEAR	
BODY TYPE* tick appropriate box						
Car	<input type="checkbox"/>	Station Wagon	<input type="checkbox"/>	Bus	<input type="checkbox"/>	
Van	<input type="checkbox"/>	Camper Van	<input type="checkbox"/>	Motor Cycle	<input type="checkbox"/>	
Tipper	<input type="checkbox"/>	Car Trailer	<input type="checkbox"/>	Tray	<input type="checkbox"/>	
	<input type="checkbox"/>	Box Trailer	<input type="checkbox"/>	Caravan	<input type="checkbox"/>	
	<input type="checkbox"/>	Boat Trailer	<input type="checkbox"/>	Horse Float	<input type="checkbox"/>	
Unladen Mass (Trailers Only)		Other		<input type="checkbox"/> Description		
500kgs (A)	<input type="checkbox"/>	(B)greater than 500kgs - less than 1 tonne	<input type="checkbox"/>	= > 1.0 tonne (C)	<input type="checkbox"/>	
MAIN BODY COLOUR * tick appropriate box						
Black(BK)	<input type="checkbox"/>	Gold(GO)	<input type="checkbox"/>	Orange(OR)	<input type="checkbox"/>	
Red(RD)	<input type="checkbox"/>	Brown(BR)	<input type="checkbox"/>	Grey(GY)	<input type="checkbox"/>	
	<input type="checkbox"/>	Yellow(YE)	<input type="checkbox"/>	Blue(BL)	<input type="checkbox"/>	
	<input type="checkbox"/>	Green(GN)	<input type="checkbox"/>	Pink(PK)	<input type="checkbox"/>	
Cream(CR)	<input type="checkbox"/>	Mauve(MA)	<input type="checkbox"/>	Silver(SL)	<input type="checkbox"/>	
	<input type="checkbox"/>	White(WH)	<input type="checkbox"/>			
NO. SEATS	NO.CYL/ ROTORS	GVM	NO.WHEELS	ENGINE NUMBER	ENGINE CAPACITY (Motor Cycles Only)	CHASSIS/VIN (17 DIGITS)

Journey Details

Purpose of Journey

1. Relocation

2. Repairs

3. Approved Events

Describe:.....

A permit will only be issued for a minimum number of days within a 28 day period.

Journey Number	Purpose of Journey Code (see above)	Journey Start Date	Journey End Date	From (Full Address)	To (full Address)
1					
2					
3					
4					

Declaration

1, (full name)declare that:

- All details provided by me for the purpose of obtaining this permit are true and correct.
- I will abide by the Conditions of Use of this permit.
- The vehicle described in this permit is in a safe operating condition for use on a public street.

Signed Date: / /

Personal Information Protection Statement: Personal information we collect from you for Registration and Licensing processes will be used by the Registrar of Motor Vehicles for that purpose and may be used for other purposes permitted by the Vehicle and Traffic Act 1999 and associated laws. Your personal information may be disclosed to contractors and agents of the Registrar of Motor Vehicles, law enforcement agencies, the Motor Accident Insurance Board, vehicle manufacturers (safety recalls only), courts and other public sector bodies or organisations authorised to collect it. This information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by you on request to this Department. You may be charged a fee for this service. Failure to provide this information may result in your application not being processed or records not being properly maintained.

Office Use
