

Please complete the relevant sections of this form. Please print clearly in ink using **BLOCK** letters.

What type of refund are you applying for? *(Please cross one circle only)*

- Registration *(complete sections 1, 2, 7)*
 Appointment *(complete sections 1, 4, 7)*
 Licence *(complete sections 1, 3, 7)*

If applying for a refund as an agent, also complete Section 6 or attach a letter of authority.

Note: The refund will be calculated in accordance with the Transport Accident Act 1986 and as applicable, the Road Safety (Vehicles) Regulations 2021 or the Road Safety (Drivers) Regulations 2019. An administration fee will apply. No refund is payable for a learner permit. No refund is payable for vessel registration fees under the Marine Safety Act 2010 or the Marine Safety Regulations 2012.

OFFICE USE ONLY

Registration number																				
Licence/ Customer no.																				
Date received		D		D		M		M		Y		Y		Y		Y		Y		

Section 1 – Claimant (payee) details

Surname or company name																			
First given name or ACN/ARBN						Second given name						Third initial <i>(if any)</i>							
Postal address <i>(the postal address must be an Australian address)</i>																			
														Postcode					
Mobile phone no. <i>(or other if not applicable)</i>										Email									

Section 2 – Registration refund

- Car
 Motorcycle
 Trailer

Registration number																				
VIN <i>(or chassis number if no VIN)</i>																				

Reason for refund

- Cancellation

Quantity of plates returned																				
Date of return		D		D		M		M		Y		Y		Y		Y		Y		

Receipt number																				
Office																				
- Stolen vehicle/accident

Date of theft/accident		D		D		M		M		Y		Y		Y		Y		Y	
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Attach police report or verification letter from insurance company.
- Change of rate

Date from		D		D		M		M		Y		Y		Y		Y		Y	
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Current rate																				
New rate																				
- Payment error
(E.g. paid in error or double payment) Please provide details in Section 5 and attach receipts.

Attach supporting documents (e.g. copy of concession card).

Section 3 – Licence refund *(Refunds are not available for licences with less than 1 month to date of expiry)*

Licence no.																				
Date of birth		D		D		M		M		Y		Y		Y		Y		Y		
Date of expiry		D		D		M		M		Y		Y		Y		Y		Y		

Reason for refund

- Voluntary surrender*

Date of surrender		D		D		M		M		Y		Y		Y		Y		Y	
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- Deceased*

Date of death		D		D		M		M		Y		Y		Y		Y		Y	
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Name of deceased																				
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- Other
(E.g. payment error, eligible for free licence scheme.) Please provide details in Section 5 and attach receipts.

**The current licence must be attached to this form. If it has been lost or destroyed, please write the circumstances in Section 5.*

Section 4 – Appointment refund

- Receipt attached
 Medical certificate attached

Appointment number																				
Receipt number																				
Reason for refund																				

OFFICE USE ONLY The relevant records for the applicable refund have been checked. Yes No

Signature of Delegate of Secretary/Safety Director																				
Date		D		D		M		M		Y		Y		Y		Y		Y		
User ID																				

