#### 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)

Vicroads SAFE TRANSPORT VICTORIA

- 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*.

### Section 1 – Claimant (payee) details

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

Motorcycle

**OFFICE USE ONLY** 

Registration number

Licence/ Customer no.

Trailer

Date received

Section 2 –	Registration refund
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	Registration number									
	VIN (or chassis number	if no l	VIN)							
Reason for refund										
Cancellation	Quantity of plates return	ed								Receipt number
	Date of return			М	M	Y				Y Office
Stolen vehicle/accident	Date of theft/accident			M	М	Y				Attach police report or verification letter from insurance company.
Change of rate	Date from			M	M	γ				Y Current rate New rate
Attach supporting documents (e.g. copy of concession card).										
Payment error	(E.g. paid in error or d	louble	e pay	men	t) Ple	ase µ	orovic	le de	tails	ils in Section 5 and attach receipts.

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

Car

	Licence no.									Date of birth	D	D	• M	M • Y	Y	Y	Y
	Date of expiry	D	D	• M	М	• Y	Y	Y	Y								
Reason for refund																	
Voluntary surrender*	Date of surrender	D	D	• M	M	• Y	Y	Υ	Υ								
Deceased*	Date of death	D	D	• M	М	• Y	Y	Y	Y	Name of deceased							
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	Date of appointment	D D M M Y Y Y Y
Receipt number	Office	
Reason for refund		
<b>OFFICE USE ONLY</b> The relevant records for the applicable refund have bee	n checked. 🛛 Yes 🔍 No	
Signature of Delegate of Secretary/Safety Director	Da	te D D M M Y Y Y Y

User ID

M

DOT0001 VRPIN00215 11.23 98400 Authorised by the Department of Transport and Planning, 1 Spring Street, Melbou

# Refunds

**Section 5 – Further details** (Use this section if additional space is required)

**Section 6 – Agent's authority** (*Complete this section if authorising another person to submit this claim on your behalf*) Your agent will be asked to provide satisfactory evidence of identity.

Name of agent		
Address of agent		
		Postcode
Signature of agent	Signature of claimant	

#### Section 7 – Your signature

Personal information collected by R&L Services Victoria Pty Ltd ABN 28 657 005 493 as Trustee for the Victorian R&L Services Trust ABN 96 342 123 072 or the Department of Transport and Planning (together 'VicRoads') is collected for registration and licensing purposes and may be used by VicRoads as permitted or required by applicable laws.

VicRoads may disclose the information it collects about you to various organisations and persons as permitted or required by applicable laws, particularly by the *Road Safety Act 1986.* It may also include any health information relating to your licence or registration. Your information may be disclosed to third parties including contractors and agents of VicRoads, law enforcement agencies, other road and traffic authorities, Austroads, the Transport Accident Commission, vehicle manufacturers (for safety recalls), toll road operators, road safety researchers, courts and other organisations or people authorised to use the information.

Your failure to provide the information may result in this form not being processed, or your records not being properly maintained. For further information about our use of your personal information and your right of access to it, go to: **dtp.vic.gov.au/privacy**.

Providing false or misleading information or documents is an offence under the *Road Safety Act 1986* and *Marine Safety Act 2010,* as applicable, and can result in you being fined or imprisoned. Further, 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 the information in this form and related supporting documents is true, correct and complete, and I understand the privacy statement.

Signature of claimant	Date							
			M		Y			