

Please complete the relevant sections of this form and sign in Section 7 overleaf. 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)*
- Licence *(complete sections 1, 3, 7)*
- Appointment *(complete sections 1, 4, 7)*

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

No refund is payable for a learner permit or vessel registration.

OFFICE USE ONLY

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

Section 1 – Your personal (payee) details

Surname or company name																					
Given names or ACN																					
Postal address <i>(for refunds)</i>																					
															Postcode						
Contact phone number <i>(mobile preferred)</i>										Email <i>(optional)</i>											

Section 2 – Registration refund

- Car
- Motorcycle
- Trailer

Registration number																					Engine/Serial number																				
Vehicle identification number																																									

Reason for refund

- Cancellation
- Stolen vehicle/accident
- Change of rate
- Payment error

Quantity of plates returned																					Receipt number																																						
Date of return		D		D		M		M		Y		Y		Y		Y		Y		Y	Office																																						
Date of theft/accident		D		D		M		M		Y		Y		Y		Y		Y		Y	Attach police report or verification letter from insurance company.																																						
Date from		D		D		M		M		Y		Y		Y		Y		Y		Y	Current rate																			New rate																			

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

(E.g. paid in error or double payment) Please provide details in Section 5 and attach receipts.

Note: *The refund will be calculated in accordance with the Transport Accident Act 1986 and as applicable, the Road Safety (Vehicles) Regulations 2009, Road Safety (Drivers) Regulations 2009, Marine Safety Act 2010 or Marine Safety Regulations 2012. An administration fee may apply.*

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		Y																			

Reason for refund

- Voluntary surrender*
- Deceased*
- Other

Date of surrender		D		D		M		M		Y		Y		Y		Y		Y		Y											
Date of death		D		D		M		M		Y		Y		Y		Y		Y		Y	Name of deceased										

(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		Y
Receipt number											Office																												
Reason for refund																																							

OFFICE USE ONLY

- Yes
 - No
- The relevant records for the applicable refund have been checked.

Signature of authorised officer																					Date		D		D		M		M		Y		Y		Y		Y		Y
																		User ID																					

