

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		Y

Receipt number																				
Office																				

  
 Stolen vehicle/accident
 

Date of theft/accident		D		D		M		M		Y		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		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		Y
Date of expiry		D		D		M		M		Y		Y		Y		Y		Y		Y

#### Reason for refund

- Voluntary surrender\*
 

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

Date of death		D		D		M		M		Y		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																				
Date of appointment		D		D		M		M		Y		Y		Y		Y		Y		Y
Receipt number																				
Office																				
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		Y
User ID																				

