ABN 61 760 960 480		, , ,	egistra	ITIO	n Co	псе	! 55		15
Please complete this form and sign in Section 4. Please prin	V	ehicle Registration	n Numbe	r					
What type of concession are you applying for? (please cross one circle only) Centrelink Health Care Card Centrelink Pensioner Concession Card Department of Veterans' Affairs Pensioner Concession Card* (including war widow) Department of Veterans' Affairs Gold Repatriation Card for incapacitated war veteran unless issued to a dependant or a child Primary Producer (please complete sections 1, 3 and 4) *If applying for a concession by mail, you must attach a photocopy of your entitlement card									
(Primary Producers exempt), complete and sign this form and forward it to the address given below.									
Section 1 – Registered Operator's Details									
Surname		Driver Licence Number							
First Given Name		Second Given Name							
Home Address									
Postcode									
Postal Address (if different from above)									
					Postcode				
Contact Phone Number			Date of Birth						
Section 2 – Entitlement Details									
CRN, Entitlement No. or File No.			Date of Effect						
Pension Type Vehicle Make			Vehicle Type						
Do you want your registration renewal issued six monthly? Yes No									
Section 3 – Primary Producer Details (plea	ase cross one circle only)								
Vehicle Make									
Vehicle Type									
The vehicle is engaged solely in the business of the owner as a primary producer. The vehicle is a motor vehicle certified by the CFA to be a motor vehicle specifically equipped for and exclusively used for combating outbreaks of fire. I am a commercial fisherman and the holder of a licence to take fish for sale.								е.	
Section 4 – Your Signature (to be signed in the	e presence of an Authorise	d Officer)							
Providing false and/or misleading information or documents is a serious offence under the Road Safety Act 1986 and/or Marine Safety Act 2010 and can result in you being fined or imprisoned. Any authority or approval, given as a result of you providing such information/documents, may be reversed and have no effect.									
Personal information VicRoads collects from you may be used for the purposes, and disclosed to persons, permitted by Section 92 of the Road Safety Act, and the Marine Safety Act 2010. It may be disclosed to various organisations and persons, including (without limitation) to contractors and agents of VicRoads, law enforcement agencies, other road and traffic authorities, the Transport Accident Commission, vehicle manufacturers (for safety recalls), road safety researchers, courts and other organisations or people authorised to collect it.									
You are required to provide this personal information. Failure to provide the information may result in this form not being processed, or records not being properly maintained. For further information about our use of your personal information and your right of access to it, see the VicRoads brochure "Protecting your Privacy", or contact VicRoads on 13 11 71.									
I consent to this information supplied by me being us with Centrelink, Department of Veterans' Affairs, Reg							y be v	erifie/	d
Signature of Applicant			Date						

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Office