Department of State Growth

Road User Services Division Form Number: MR30 03/18



OFFICE USE ONLY

Application for (Please box/s below) Replacement Certificate of Registration and Certificate of Premium Paid and/or Replacement Number Plates		Issued on (date)
Registration Number	Make (Holden, Toyota, etc)	Vehicle Type (Car, Truck, Trailer, etc)
Full Name of Registered Operator/s	Company/Family Name Given Names	If in joint names (light vehicles only) insert both full names
Residential/Company Address		Postcode
Postal Address		Postcode
Mobile No.		
Which have been: Lost Damaged Destroyed Stolen Other Details		
No of Plates Returned: (If applicable, ✓ box)	I 2 If I, state reason —	
Declaration by Registe	ered Operator/s or Agent	
I, (Full Name/s) declare that the Registration and I/We request a Replace		do hereby en lost, damaged, destroyed, stolen, or other, as detailed,
Signed		Date

PERSONAL INFORMATION PROTECTION STATEMENT

You are providing personal information to the Registrar of Motor Vehicles, who will manage that information in accordance with the Personal Information Protection Act 2004 and relevant provisions of the Vehicle and Traffic Act 1999. The personal information collected here will be used by the Registrar of Motor Vehicles for driver licensing and vehicle registration purposes, and related purposes under the Vehicle and Traffic Act 1999 and associated laws, including for national identity matching and verification purposes. Failure to provide this information may result in your application not being processed, or records not being properly maintained. The Registrar of Motor Vehicles may also use the information for related purposes, or disclose it to third parties in circumstances allowed for by law. You have the right to access your personal information by request to the Registrar of Motor Vehicles and you may be charged a fee for this service.