

- Licence
- Certificate of Registration
- Registration Label
- Registration Renewal Notice
- Certificate of Approved Operations
- Certificate of Conditional Registration and Label
- Unregistered Vehicle Permit (UVP)
- Classic Vehicle log book

Office use only

Customer number

Attachments

Proof of Identity: You must prove your identity to registry or service centre staff. Details of acceptable proof of identity documents are available from Roads and Maritime Services website at rms.nsw.gov.au, visit a registry or service centre or call us on 13 77 88.

In some cases, a replacement photo-licence will be mailed to your address to enable completion of Roads and Maritime checking processes. **Reference Statement:** This is required in certain cases. See 3 below.

We no longer record organ donation details. For more information visit donatelife.gov.au

1. Customer's details

Name

Residential address (*licence address must be within NSW*)

 Postcode

Mailing address (*if different from residential address, all mail will be posted to this address*)

 State Postcode

Please provide your email address if you would like to register for an online service account. Go to service.nsw.gov.au/online-services for more information.

Mobile number

(if you would like to receive communications)

Mobile number

Your licence number

Date of birth

 day / month / year

For a replacement licence go to Q2.

For a Certificate of Registration, Registration Label, Registration Renewal Notice, Certificate of Conditional Registration, Certificate of Approved Operations, Unregistered Vehicle Permit (UVP) or a Classic Vehicle log book go to Q6.

2. Licence - What is the reason for your application for a replacement licence?

Lost ☐

Change of name ☐

Poor picture quality ☐

Stolen ☐

Change of conditions ☐

Not received ☐

Damaged / Destroyed ☐

Change of appearance ☐

Licence previously surrendered ☐

Licence confiscated ☐

Change of residency status ☐

Change specs condition ☐

Other ☐

(Please specify below)

(Roads and Maritime may verify permanent residency status online with the Department of Immigration and Border Protection. For more information see our website)

3. Reference Statement

Required when sufficient proof of identity documents are not provided and you still wish to pay for a replacement licence in which case the referee will be contacted before a payment may be accepted. If payment is accepted you will be given an interim receipt for your licence until you return to the registry and produce acceptable proof of identity documents to obtain a photo-licence.

To be completed by a person who has known you for at least 12 months and holds a current NSW unrestricted licence.

Referee's full name (*Please print*)

Referee's licence number

Referee's daytime contact no.

*Please read carefully before you sign.
If you do not tell the truth in your reference statement,
both you and the applicant can be fined.*

I declare that I have known the applicant for at least 12 months and, that to the best of my knowledge, the personal details given in 1 are correct.

I understand that Roads and Maritime will collect and hold my personal information to verify the applicant's details and that failure to supply full details and sign this declaration can result in the transaction not proceeding.

Roads and Maritime may disclose my personal information inside and outside NSW to verify and validate the contents of this application and any supporting documents. I have a right to access or correct my personal information in accordance with the provisions of the relevant privacy legislation. I declare that the details in this reference are true and complete.

Signature of referee

Date

 day / month / year

4. Since last obtaining your licence, have you been prohibited or refused from driving a motor vehicle/vessel or riding a motorcycle in NSW or elsewhere?

No ☐

Yes ☐ Give details

5. Since last obtaining your licence, have you been disqualified, cancelled, suspended or is there a charge pending against you or is your licence subject to an appeal for driving, riding or Maritime boating offences?

No ☐

Yes ☐ Give details

6. I wish to apply for a replacement: (tick appropriate box)
- | | | | |
|------------------------------------|--------------------------|--|--------------------------|
| Registration Certificate | <input type="checkbox"/> | Registration Label | <input type="checkbox"/> |
| | | (Heavy vehicle more than 4.5 tonnes gross vehicle mass only) | |
| Registration Renewal Notice | <input type="checkbox"/> | Conditional Registration | <input type="checkbox"/> |
| Certificate of Approved Operations | <input type="checkbox"/> | Certificate and label | <input type="checkbox"/> |
| Classic Vehicle log book | <input type="checkbox"/> | Unregistered Vehicle Permit | <input type="checkbox"/> |

What is the reason for your application?

- | | | | | | |
|-------------------|--------------------------|---------|--------------------------|--------------|--------------------------|
| Lost | <input type="checkbox"/> | Damaged | <input type="checkbox"/> | Destroyed | <input type="checkbox"/> |
| Stolen | <input type="checkbox"/> | Defaced | <input type="checkbox"/> | Not received | <input type="checkbox"/> |
| Change of details | <input type="checkbox"/> | Faulty | <input type="checkbox"/> | | |
- Your vehicle plate number or VIN/chassis/serial number

7. Privacy Statement and Declaration

Please read carefully before you sign. If you do not tell the truth you can be fined. Any licence you hold could be cancelled.

Roads and Maritime is collecting your personal information for your application and may retain and use it for driver licensing, motor vehicle and road transport or safety purposes.

You are required to provide your personal information under the road transport legislation and we may refuse your application if you do not provide it. We may disclose your personal information to other driver licensing and vehicle registration agencies, to assess your application or verify the information you provide, and for inquiries about motor accidents.

Additionally, where you provide personal information concerning the registration of a vehicle we may disclose that to confirm any compulsory third party (bodily injury) insurance is current, to anyone proposing to acquire an interest in your vehicle, in respect of inquiries relating to stolen or abandoned vehicles, and to any joint registered operator of your vehicle.

We may disclose your health information to assess your application or to verify it. Otherwise we will not disclose your personal information without your consent unless authorised by law. Your personal information will be held by us at 20-44 Ennis Rd, Milsons Point NSW 2061 and you can contact us to request to access or correct it.

You declare that the information on this form is true and complete. Under the road transport legislation it is an offence for anyone to attempt to obtain or renew a driver licence or to register or renew the registration of a vehicle, by false statement or any misrepresentation or other dishonest means.

Signature Date

Capacity if representative of company or firm

Representative's Authority

Note: This authority cannot be used to apply for a replacement licence.

I declare that the person named below is my authorised representative.

Signature Date

Representative's details

Driver licence number Date of birth

Surname

Given names

Address

State Postcode

Continued next column

(continued from previous column)

Representative's signature Date

Capacity if representative of company or firm

Office Use - BUNDLE A Licensing / B Registration

Mailing address checked on DRIVES (if applicable) ☐

Proof of Identity Record

Stand alone or primary proof	Secondary proof
<input type="text"/>	<input type="text"/>
Document number	Secondary proof issue or E/Date
<input type="text"/>	<input type="text"/>

POI Sample Questions completed

Verified ☐ Further checks required (receipt issued) ☐

Referee contact

Unnecessary ☐ Applicant's identity confirmed ☐

Confirm identity (Applicant's signature)

Eyesight test (for changes to spectacles condition)

Pass without glasses or contacts	<input type="checkbox"/>	Pass with glasses or contacts	<input type="checkbox"/>
Medical Certificate	<input type="checkbox"/>	Eyesight report	<input type="checkbox"/>

Photo Comparison

No stored image	<input type="checkbox"/>	Matched	<input type="checkbox"/>
Faulty	<input type="checkbox"/>	Mismatched	<input type="checkbox"/>

Photo - licence card

Card issued over the counter	<input type="checkbox"/>	Mailing date	<input type="text"/>
Card mailed	<input type="checkbox"/>		

Registration, Conditional Registration or UVP issued

Registration Label	<input type="checkbox"/>	Registration Certificate	<input type="checkbox"/>
Registration Renewal Notice	<input type="checkbox"/>	Unregistered Vehicle Permit	<input type="checkbox"/>
Conditional Registration Certificate of Approved Operations	<input type="checkbox"/>	Conditional Registration Certificate and Label	<input type="checkbox"/>
Classic Vehicle log book	<input type="checkbox"/>		

Customer service representative's signature (who did the POI and/or eyesight test and issued replacement document)

Staff number Date