

APPLICATION FOR RELEASE OF INFORMATION

Full Name of Applicant/Company Name	Company/ Family Name		
	ACN or Inc. No./ Other Names		
Residential Address			
Postal Address			
Mobile No.	Date of Birth	Driver Licence No	

Please complete the relevant section below. The application must be signed. Evidence of Identity must be provided.

1. Motor Vehicle Accident <input type="checkbox"/> (√) Copy of Police report or letter from Insurance Company must be attached.			
1. Date of Accident / /	4. Specific location of accident.	
2. Your own Registration Number	_ _ _ _ _ _ _		
3. Registration Number of other vehicle(s)	_ _ _ _ _ _ _		
2. Your Driver Licence Enquiry <input type="checkbox"/> (√)			
<input type="checkbox"/> Date and year of obtaining driver licence	<input type="checkbox"/> 10 Year Driving History		
<input type="checkbox"/> 3 Year Driving History	<input type="checkbox"/> All Years Driving History		
<input type="checkbox"/> 5 Year Driving History			
3. Your Vehicle / Registration Enquiry <input type="checkbox"/> (√)			
Registration Number	_ _ _ _ _ _ _	<input type="checkbox"/> Other – Please specify	
<input type="checkbox"/> Statement for date of disposal			
4. Details of Other Person's Record <input type="checkbox"/> (√) Driver Licence Enquiry <input type="checkbox"/> Vehicle Registration Enquiry <input type="checkbox"/>			
<small>May be subject to request under Right to Information Act 2009. Authority letter and evidence of identity from the licence/registration holder must be provided</small>			
Drivers Licence Number	_ _ _ _ _ _ _	Registration Number	_ _ _ _ _ _ _
Type of Information required and reason _____			

5. Other Request for Information <input type="checkbox"/> (√)			
Type of Information required and reason _____			

Name and signature of Applicant		
..... (Name) (Signature) / / (Date)

Office Use Only	http://www.transport.tas.gov.au/fees_forms/registration_licensing
Evidence of identity	Payment Details
<input type="checkbox"/> Sighted	Name on Card _____ Expiry Date _____
<input type="checkbox"/> Authority letter (attached)	Card Number _____ CCV _____
Name.....	
Date.....	
Signature	
Information provided to client	<p><small>PERSONAL INFORMATION PROTECTION STATEMENT: You are providing personal information to the Registrar of Motor Vehicles, who will manage that information in accordance with the <i>Personal Information Protection Act 2004</i> and relevant provisions of the <i>Vehicle and Traffic Act 1999</i>. 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 <i>Vehicle and Traffic Act 1999</i> 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.</small></p>
Yes <input type="checkbox"/>	No <input type="checkbox"/>