Certificate of approved operations





Department of Transport

Please complete the white sections of this form and sign bel BLOCK letters. This certificate sets out the conditions under on a highway. This certificate must be carried in the vehicle at all time	Licence/ Customer no. Image: Customer no. Registration number Image: Customer no. Date of issue Image: Customer no.												
Applicant details													
Surname				Date of t	birth								
First given name		ame Third initial <i>(if any)</i>											
Company name and ACN/ARBN (if applicable)													
Residential (or company) address													
		Postcode											
Postal address (if different from residential (or company add	lress)												
							P	ostcoc	le				
Mobile phone no. (or other if not applicable)		Email											
Vehicle details													
Make	Model			Body type									
VIN (or chassis number if no VIN)													
Engine no.				Year mai	nufactu	ired							
For what purpose(s) will this vehicle be used?													
Under what circumstances will the vehicle be driven on a highway?													

Registration conditions (The registration of this vehicle is subject to the conditions described by the following codes.)

•	
Code	Explanation of code

This certificate must be carried in the vehicle at all times.

Your signature

The Department of Transport and Planning ABN 69 981 208 782 (Department') and R&L Services Victoria Pty Ltd ABN 28 657 005 493 (as Trustee for the Victorian R&L Services Trust ABN 96 342 123 072), known as 'VicRoads' and acting on behalf of the Secretary to the Department, (we, us') collect personal information for registration and licensing purposes. This personal information will be handled by us as permitted or required by the applicable laws. We may disclose the personal information we collect from you to various organisations and persons as permitted or required by applicable laws, particularly by the *Road Safety Act 1986*. This includes disclosing the information to third parties including our contractors and agents, law enforcement agencies, other road and traffic authorities, Austroads, the Transport Accident Commission, vehicle manufacturers (for safety recalls), toll road operators, road safety researchers, courts and other organisations or people authorised to use the personal information. You are required to provide this personal information. You railure to provide the information may result in this form not being processed, or your records not being properly maintained. For further information about our use of your personal information and your right of access to it, go to: **dtp.vic.gov.au/privacy**. Providing false or misleading information or documents is a serious offence under the *Road Safety Act 1986* and *Marine Safety Act 2010*, as applicable, and can result in you being fined or imprisoned. Further, any authority or approval, given as a result of you providing such information/documents, may be reversed and have no effect. By signing this form, I declare that the information in this form and related supporting documents is true, correct and complete, and I understand the privacy statement. I will not use or permit the use of this vehicle contrary to the conditions.

Signature of applicant								Signa	Signature of Delegate of Secretary										
Date										Date	9								