

Dealer application to cancel registration (LMCT)



This form is for use by Licensed Motor Car Traders (LMCTs). Number plates must be returned at a VicRoads Customer Service Centre.

Please complete the relevant sections of this form and sign below. Print clearly in ink using BLOCK letters. You may be entitled to a refund if you are the registered operator of a vehicle for which the registration has an unexpired portion. To apply for Victorian registration refunds, specify yes for the relevant vehicle(s) below. For interstate registration refunds, apply directly to the relevant state or territory authority.

Applicant details

Surname											
First given name				Second given name				Third initial (if any)			
Company name and ACN/ARBN (if applicable)								LMCT no.			
Residential (or company) address											
										Postcode	
Postal address (if different from residential or company address)											
										Postcode	
Mobile phone no. (or other if not applicable)						Email					

Vehicle details (from which plates were taken)

<input type="radio"/> Car	<input type="radio"/> Motorcycle	<input type="radio"/> Trailer	<input type="radio"/> Other	No. of plates returned*							
Reg. no.	Make			Model			Body type				
VIN ^							State/Territory (if not in VIC)			Refund? <input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Car	<input type="radio"/> Motorcycle	<input type="radio"/> Trailer	<input type="radio"/> Other	No. of plates returned*							
Reg. no.	Make			Model			Body type				
VIN ^							State/Territory (if not in VIC)			Refund? <input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Car	<input type="radio"/> Motorcycle	<input type="radio"/> Trailer	<input type="radio"/> Other	No. of plates returned*							
Reg. no.	Make			Model			Body type				
VIN ^							State/Territory (if not in VIC)			Refund? <input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Car	<input type="radio"/> Motorcycle	<input type="radio"/> Trailer	<input type="radio"/> Other	No. of plates returned*							
Reg. no.	Make			Model			Body type				
VIN ^							State/Territory (if not in VIC)			Refund? <input type="radio"/> Yes <input type="radio"/> No	

^ Vehicle Identification Number (or chassis number if no VIN) * Plates must be returned to VicRoads for this application to be processed.

Applicant 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. Your failure 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.

Signature of applicant (Please print form and sign here)										Date	

OFFICE USE ONLY

Signature of Delegate of Secretary				User ID		Office		Date			