

Please complete the relevant sections of this form. Please print clearly in ink using **BLOCK** letters.

## What type of refund are you applying for? *(Please cross one circle only)*

- Registration *(complete sections 1, 2, 7)*    
  Appointment *(complete sections 1, 4, 7)*  
 Licence *(complete sections 1, 3, 7)*

If applying for a refund as an agent, also complete Section 6 or attach a letter of authority.

Note: The refund will be calculated in accordance with the *Transport Accident Act 1986* and as applicable, the *Road Safety (Vehicles) Regulations 2021* or the *Road Safety (Drivers) Regulations 2019*. An administration fee will apply. No refund is payable for a learner permit. No refund is payable for vessel registration fees under the *Marine Safety Act 2010* or the *Marine Safety Regulations 2012*.

### OFFICE USE ONLY

Registration number																				
Licence/ Customer no.																				
Date received		D		D		M		M		Y		Y		Y		Y		Y		

## Section 1 – Claimant (payee) details

Surname or company name																				
First given name or ACN/ARBN										Second given name					Third initial <i>(if any)</i>					
Postal address <i>(the postal address must be an Australian address)</i>																				
															Postcode					
Mobile phone no. <i>(or other if not applicable)</i>										Email										

## Section 2 – Registration refund

- Car    
  Motorcycle    
  Trailer

Registration number																				
VIN <i>(or chassis number if no VIN)</i>																				

### Reason for refund

- Cancellation    
 Quantity of plates returned: \_\_\_\_\_     Receipt number: \_\_\_\_\_  
 Date of return: D D M M Y Y Y Y     Office: \_\_\_\_\_  
 Stolen vehicle/accident    
 Date of theft/accident: D D M M Y Y Y Y     *Attach police report or verification letter from insurance company.*  
 Change of rate    
 Date from: D D M M Y Y Y Y     Current rate: \_\_\_\_\_     New rate: \_\_\_\_\_  
*Attach supporting documents (e.g. copy of concession card).*  
 Payment error    
 *(E.g. paid in error or double payment) Please provide details in Section 5 and attach receipts.*

## Section 3 – Licence refund *(Refunds are not available for licences with less than 1 month to date of expiry)*

Licence no.																				
Date of birth		D		D		M		M		Y		Y		Y		Y		Y		
Date of expiry		D		D		M		M		Y		Y		Y		Y		Y		

### Reason for refund

- Voluntary surrender\*    
 Date of surrender: D D M M Y Y Y Y  
 Deceased\*    
 Date of death: D D M M Y Y Y Y     Name of deceased: \_\_\_\_\_  
 Other    
 *(E.g. payment error, eligible for free licence scheme.) Please provide details in Section 5 and attach receipts.*

\*The current licence must be attached to this form. If it has been lost or destroyed, please write the circumstances in Section 5.

## Section 4 – Appointment refund

- Receipt attached    
  Medical certificate attached

Appointment number																				
Receipt number																				
Reason for refund																				

## OFFICE USE ONLY The relevant records for the applicable refund have been checked. Yes No

Signature of Delegate of Secretary/Safety Director																				
Date		D		D		M		M		Y		Y		Y		Y		Y		
User ID																				

## Section 5 – Further details *(Use this section if additional space is required)*

## Section 6 – Agent’s authority *(Complete this section if authorising another person to submit this claim on your behalf)*

Your agent will be asked to provide satisfactory evidence of identity.

Name of agent				
Address of agent				
				Postcode
Signature of agent		Signature of claimant		

## Section 7 – 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 Safe Transport Victoria (ST Vic) (‘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 information we collect about you to various organisations and persons as permitted or required by applicable laws, particularly by the *Road Safety Act 1986*. It may also include any health information relating to your licence or registration. Your information may be disclosed 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 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 and health information, and your rights to access it, go to: [dtp.vic.gov.au/privacy](http://dtp.vic.gov.au/privacy) or ST Vic’s Privacy Policy at [safetransport.vic.gov.au/privacy-policy](http://safetransport.vic.gov.au/privacy-policy).

**Providing false or misleading information or documents is an 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 claimant	Date								
	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid #ccc; padding: 2px 5px;">D</td> <td style="border: 1px solid #ccc; padding: 2px 5px;">D</td> <td style="border: 1px solid #ccc; padding: 2px 5px;">M</td> <td style="border: 1px solid #ccc; padding: 2px 5px;">M</td> <td style="border: 1px solid #ccc; padding: 2px 5px;">Y</td> <td style="border: 1px solid #ccc; padding: 2px 5px;">Y</td> <td style="border: 1px solid #ccc; padding: 2px 5px;">Y</td> <td style="border: 1px solid #ccc; padding: 2px 5px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
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