## Vic roads ABN 61 760 960 480

## **Registration concessions**

Vahiala registration number

Please complete	this form	and sign in	Section 3 P	lease print clearly	in ink using	RI OCK letters
		and sign in		icase print cicany	III IIIN USIIIY	DLUUN IGUUIS.

		verificie registration number			
Wł	at type of concession are you applying for? (please cross one circle only)				
	Centrelink Health Care Card				
	Centrelink Pensioner Concession Card				
	Department of Veterans' Affairs Pensioner Concession Card				
	(including war widow)				
	Department of Veterans' Affairs Gold Card for incapacitated				
	war veteran unless issued to a dependant or a child				
	If applying for a concession by mail, you must attach a photocopy of your entitlement card				
	(primary producers exempt), complete and sign this form and forward it to the address given	below.			

Section 1 – Registered operator's details		Driver licence	e number									
Surname				Date of bir	th		D					
First given name Second given name							Th	ird in	itial <i>(i</i>	if any)		
Residential address												
							Po	stcoc	le			
Postal address (if different from above)												
							Po	stcoc	le			
Mobile phone no. (or other if not applicable)		Email										

## Section 2 – Entitlement details

CRN, Entitlement no. or File no.	Date of effect D D • M M • Y Y Y					
Pension type	Vehicle make	Vehicle type				
spouse or domestic partne (If you are entitled to an a Pensioner Concession care • the concession is granted	<ul> <li>one vehicle per card may be registered at the concession rate at any one to spouse or domestic partner must be the registered operator of the vehicle of (If you are entitled to an appropriate disability pension under the <i>Veterans'</i> Pensioner Concession cards, you are eligible for a Registration and TAC cor</li> <li>the concession is granted for vehicles used only for social, domestic or pleater of authorise the appropriate departments to confirm my pensioner status and the spouse of the spouse of</li></ul>					

## Section 3 – Your signature (to be signed in the presence of an Authorised Officer)

Personal information VicRoads collects from you may be used by VicRoads as permitted by the *Road Safety Act 1986* and the *Marine Safety Act 2010*. VicRoads may disclose personal information it collects from you to various organisations and persons as permitted by law, particularly by the *Road Safety Act 1986*. This includes the photograph and other information on your driver licence or learner permit being used for the purposes of biometric matching through the National Driver Licence Facial Recognition Solution for law enforcement, national security and other purposes. Personal information may be disclosed to contractors and agents of VicRoads, law enforcement agencies, other road and traffic authorities, the Transport Accident Commission, vehicle manufacturers (for safety recalls), road safety researchers, courts and other organisations or people authorised to use the personal information. Failure to provide the information may result in this form not being processed or records not being properly maintained. For further information about our use of your personal information and your right of access to it, see VicRoads brochure *Protecting your privacy* or contact VicRoads on 13 11 71.

I consent to this information supplied by me being used to verify evidence of identity and concession entitlements. My information supplied may be verified with Centrelink, Department of Veterans' Affairs, Registry of Births, Deaths and Marriages and the Department of Foreign Affairs and Trade.

Providing false and/or misleading information or documents is a serious offence under the *Road Safety Act 1986* and/or *Marine Safety Act 2010* and can result in you being fined or imprisoned. 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	Date	D • M	M • Y		
	Office				