vicroads
ABN 61 760 960 480

Refunds

Please complete the relevant sections of this form and sign in Section 7 overleaf. Please print clearly in ink using BLOCK letters.

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

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

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

Office Use Only

Registration Number	
Licence Number	
Date Received	D D M M Y Y Y Y

Section 1 – Your Personal (Payee) Details

Surname or Company Name	
Given Names or ACN	
Postal Address *(for refunds)*	
	Postcode
Home Phone (optional)	Work Phone (optional)
Email (optional)	

Section 2 – Registration Refund

⊗ Car ⊗ Motorcycle ⊗ Trailer

	Registration Number		Engine/Serial Number
	Vehicle Identification Number		
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		

Please 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	

Please attach Registration Concessions application (Form 88039) for pension concession and attach a photocopy of your entitlement card.

⊗ Payment Error *(e.g. paid in error or double payment) Please provide details in* Section 5 *and attach receipts.*

Note: *In accordance with the Transport Accident Act 1986 and the Road Safety (Vehicles) Regulations 1999 a 10% administration charge will be deducted from the amount to be refunded.*

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

	Licence Number		Date of Birth D D M M Y Y Y Y
	Date of Expiry D D M M 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

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	Date of Appointment D D M M Y Y Y Y
Receipt Number	Office
Reason for Refund	

⊗ Yes ⊗ No The relevant records have been checked.

Signature of Authorised Officer	Date D D M M Y Y Y Y
	User ID

88054-10.08
VRPIN 00215

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 personal identification.

Name of Agent

Address of Agent

Postcode

Signature of Agent

Signature of Claimant

Section 7 – Your Signature

Providing false and/or misleading information or documents is a serious offence under the Road Safety Act 1986 and/or Marine Act 1988 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 all information and/or documents provided by me is true and correct.

Signature of Claimant

Date D D • M M • Y Y Y Y