



**APPLICATION FOR REGISTRATION
AND COMPULSORY THIRD PARTY INSURANCE**

Please read the following instructions

- You must be 18 years of age to apply for Registration and Insurance of a Heavy Vehicle (GVM>4.5 tonnes) or 16 years of age for any other vehicles.
- Evidence of identity may be required when presenting this form. This information may be confirmed with the issuer or official record holder.
- No personal information will be disclosed except as is required or authorised by law.
- This form is an application for registration and Compulsory Third Party (CTP) Insurance under the *Motor Vehicles Act 1959*.
- Cheques should be made payable to 'DEPARTMENT OF PLANNING, TRANSPORT AND INFRASTRUCTURE' and marked 'NOT NEGOTIABLE'.

Surname/Body Corporate Name		Given Names		Client / Licence Number	Date of Birth	Sex	M	F	X																			
Other (Joint) Names				Client / Licence Number	Date of Birth	Sex	M	F	X																			
IF THE APPLICANT IS A BODY CORPORATE please provide your ACN (not an ABN). Evidence must be produced.						ACN																						
Residential (home) / Business Address (This is the address that will be recorded on the register)																												
Number and Street		Suburb / Town		Postcode		Daytime phone number (only if convenient) ()																						
Postal Address (if different to above address)																												
Number and Street		Suburb / Town		Postcode		Email address																						
Are you of Aboriginal and / or Torres Strait Islander origin? * YES <input type="checkbox"/> NO <input type="checkbox"/> Prefer not to say <input type="checkbox"/>																												
* This information will be used for road safety statistical analysis only and will not be disclosed to any other authorities.																												
Vehicle Identification Number / Chassis Number						Is an identification plate fitted? (previously known as a compliance plate)																						
<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>																									YES <input type="checkbox"/> NO <input type="checkbox"/>			
Last known plate number (if previously registered)			Where was the vehicle last registered? (if applicable)			If previously registered in SA is plate still attached?																						
<input style="width: 90%;" type="text"/>			<input style="width: 90%;" type="text"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>																						
Month and year of manufacture			Make (Ford / Holden etc)			Body Type (Sedan / Van etc)																						
<input style="width: 90%;" type="text"/>			<input style="width: 90%;" type="text"/>			<input style="width: 90%;" type="text"/>																						
Will the vehicle be used for any purpose that entitles you to any Input Tax Credit (ITC) for the GST included in your CTP premium?						YES <input type="checkbox"/> NO <input type="checkbox"/>																						
Does the vehicle have a GVM or GTM over 4.5 tonne?			Will the vehicle be registered conditionally?			Eg Historic, Left Hand Drive or Street Rod (if yes, additional information will be required)																						
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>																									
If the vehicle will be garaged somewhere other than your residential address please provide the garaging address below.																												
Number and Street		Suburb / Town		Postcode																								
<input style="width: 90%;" type="text"/>																												
If you want the invitation to renew to be sent somewhere other than your normal address please nominate registration postal address below. (Note: this will require a separate application to change later. A change of address does not update registration postal address automatically).																												
Number and Street		Suburb / Town		Postcode																								
<input style="width: 90%;" type="text"/>																												
New plate number (if applicable)		When did you acquire the vehicle?		Registration period required		Or Approved CED																						
<input style="width: 90%;" type="text"/>		<input style="width: 40%;" type="text"/> / <input style="width: 40%;" type="text"/>		<input style="width: 40%;" type="text"/>		<input style="width: 90%;" type="text"/>																						
From whom did you acquire the vehicle?																												
<input style="width: 90%;" type="text"/>																												
Motor Vehicle Dealer Exemption																												
I hold a second-hand vehicle dealer's licence No. and am in the business of selling motor vehicles. The vehicle is being registered for the purpose of resale or demonstration (please note a limit of 12 months applies to vehicles registered for resale or demonstration where a stamp duty exemption is claimed).																												
Signature of Motor Vehicle Dealer		<input style="width: 90%;" type="text"/>																										

Insurance Details

Compulsory Third Party (CTP) motor vehicle injury insurance is mandatory for all registered vehicles in South Australia, with coverage provided by a number of Government approved insurers.

Upon presentation of this application you will receive information to assist you in selecting a CTP insurer for your vehicle. A CTP insurer will be automatically assigned to a brand new vehicle. Find out more at www.ctp.sa.gov.au.

Your personal information is collected by the State, the insurer underwriting your CTP insurance policy and other CTP insurers. For details about how your personal information will be handled see <https://www.ctp.sa.gov.au/resources/your-privacy>.

CTP Insurer

Will the vehicle be used for hire, fare or reward? YES NO Will the vehicle be used for ridesharing? YES NO

Vehicle purchase price or market value, whichever is higher

Are you entitled to concession?
Eg Commonwealth pensioner
Application form will be required

YES NO

Will the vehicle be used seasonally? YES NO

PENALTIES APPLY FOR UNDER DECLARATION OF VALUE

Vehicle details

Is the vehicle new or used? Main colour Secondary colour (if applicable)

Is the vehicle modified from its original design, an individually constructed vehicle, or an imported used vehicle? YES NO

Is the vehicle left hand drive? YES NO

Engine number (not required for trailers) Odometer reading Vehicle mass* Gross trailer mass (where applicable) Model

* Vehicle mass is not required for light passenger vehicles with a seating capacity of less than 13 persons including the driver.

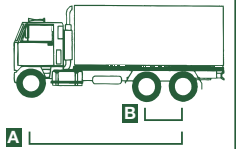
Seating capacity Number of cylinders (CC for motorcycles) Fuel type Eg Petrol, Gas, etc Number of axles Number of tyres

Heavy Vehicles

Complete the following information only if your vehicle has a gross vehicle mass of over 4,500kg, or has a gross trailer mass of over 4,500kg, otherwise go to 'Declaration'.

Refer to Heavy Vehicle configuration info sheet (MR80) for assistance in completing this section.

Is the vehicle fitted with a speed limiting device? YES NO



Transmission type AUTOMATIC SYNCROMESH NON-SYNCROMESH (Crash Box)

Gross Vehicle Mass / Gross Trailer Mass Gross Combination Mass (vehicles only) Vehicle configuration Engine Make Engine Capacity (Litres)

Steering position Right hand Left hand Central Dual Skid Articulated Clutch

Front Axle

Number tyres 1st front axle	Number tyres 2nd front axle	State whether the axle group is load sharing (L or N)	Measurement of internal axle spacing
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Rear Axle(s)

Number of tyres in 1st axle group rear	Number of tyres in 2nd axle group rear	Number of tyres in 3rd axle group rear	Number of tyres in 4th axle group rear	State whether the axle group is load sharing (L or N)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(A) Overall wheelbase
(B) Rear axle spacing

Declaration

Name of person completing this report if different from applicant

Dealership name (if applicable)

I declare that the particulars shown on this application and any accompanying document(s) are true and correct. Where applicable, I acknowledge that this application also fulfils the purpose of being a report required under section 23A of the *Motor Vehicles Act 1959* (new vehicles only). I consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

Signature of applicant

Date

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