



Conditional Vehicle Change of Vehicle Particulars Notification

Transport Operations (Road Use Management) Act 1995

Registered operator's details

Individual/Organisation's name	Mobile/Telephone Number
<input type="text"/>	<input type="text"/>

Email address

Residential/Business address

Postcode

Postal address (if same as residential/business address, please write 'as above')

Postcode

Garage address (if same as residential/business address, please write 'as above')

Postcode

Registration category: Limited access CRLA Zone access CRZA Unrestricted access CRUA

Vehicle details

Registration number	Make (e.g. John Deere)	VIN/Chassis number	Body shape (e.g. grader)	Year of manufacture
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What is the vehicle's purpose of use? (please tick one box only)

Private	<input type="checkbox"/> PRIV	Rental (Self Driver Rental)	<input type="checkbox"/> RENT	Farming	<input type="checkbox"/> FARM
Commercial	<input type="checkbox"/> COML	Driver Training or tuition	<input type="checkbox"/> TRAI	Public passenger service	<input type="checkbox"/> PPSE
Dealer	<input type="checkbox"/> DEAL	Used for non profit	<input type="checkbox"/> NONP	Emergency	<input type="checkbox"/> EMER
Translink urban service	<input type="checkbox"/> TLKU				

Please specify the vehicle particulars being changed (e.g. change of engine number)

Particulars	New details	Particulars	New details
Engine number	<input type="text"/>	Make	<input type="text"/>
Number of cylinders	<input type="text"/>	Model	<input type="text"/>
VIN/Chassis number	<input type="text"/>	Body shape	<input type="text"/>
Fuel type	Petrol <input type="checkbox"/> Petrol and gas <input type="checkbox"/> Gas only <input type="checkbox"/> Gas Installer's licence no. Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Other <input type="checkbox"/> Specify type Issue date ____ / ____ / ____	Colour Primary Secondary Seating capacity	
Tare	tonnes/kgs lbs/cwt	GVM/GCM	tonnes/kgs lbs/cwt RGVM _____ RGCM _____

Is your vehicle excess dimension? No Yes Is your vehicle excess mass? No Yes

I/We certify that the information contained on this form is true and correct.

Registered operator's signature/s (in the case of joint registered operators at least one must sign)

Lodge your completed application at a Department of Transport and Main Roads Customer Service Centre, or if you live in a rural area, a Queensland Government Agency Program office, Magistrates Court or your local police station that provides vehicle registration services.

Privacy Statement: The department is collecting the information on this form for the purposes of maintaining the department's vehicle registration register as required under the *Transport Operations (Road Use Management) Act*. The department or its agents/contractors may use your information in its communications with you and where relevant, may give some of the information to vehicle insurers, statutory entities, insolvency entities, lawyers, persons involved in vehicle incidents/accidents, vehicle manufacturers, third parties who are involved in or intend to commence legal proceedings, tolling entities, law enforcement agencies and interstate registering authorities. Your personal information will not be disclosed to any other third party without your consent, unless authorised or required to do so by law.

Office/agency use only

Authorising person's name _____ Date ____ / ____ / ____

Particulars changed _____

Authorising person's signature _____

Office stamp