

Return/Surrender Declaration

Industry Authority

*Tow Truck Act 1973; Transport Operations (Passenger Transport) Act 1994;
Transport Operations (Road Use Management) Act 1995*

This form may be used if you are required to return your Queensland industry authority to the Department of Transport and Main Roads (TMR) because the product has been **cancelled** or **voided**.

This form may also be used if you wish to **voluntarily surrender** all categories of your industry authority. If you hold multiple industry authorities and wish to surrender one or more industry authorities and still retain other authority/ies, you must complete the form *Replacement Industry Authority Application (F4729)* instead.

Note: This form must not be used if you are applying for a replacement of your card because the card is damaged, destroyed, lost or stolen. You must complete the form *Replacement Industry Authority Application (F4729)*.

How to surrender the industry authority and/or return your card

Please return this declaration and your industry authority card (if available) by either:

- visiting your nearest customer service centre
- mailing the declaration and industry authority card (if available) to the address stated in the notice issued to you
- mailing to the Department of Transport and Main Roads, PO Box 1787, EMERALD QLD 4720

1. Personal details

Family name (please print)

Given name/s

Male Female

Residential address

Postcode

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

Postcode

Daytime contact phone number

Date of birth

 / /

2. What is your industry authority number?

Authority number

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3. Which authorities are you surrendering?

- | | | | |
|------------------------|--------------------------|----------------------|--------------------------|
| Dangerous goods driver | <input type="checkbox"/> | Driver trainer | <input type="checkbox"/> |
| Escort vehicle driver | <input type="checkbox"/> | Pilot vehicle driver | <input type="checkbox"/> |
| Rider trainer | <input type="checkbox"/> | Tow truck assistant | <input type="checkbox"/> |
| Tow truck driver | <input type="checkbox"/> | Traffic controller | <input type="checkbox"/> |

Driver Authorisation

- | | | | |
|---------|--------------------------|------------------|--------------------------|
| General | <input type="checkbox"/> | Booked hire/taxi | <input type="checkbox"/> |
|---------|--------------------------|------------------|--------------------------|

4. For what reason are you returning your industry authority (please tick reason)

- | | | | |
|----------------------------|--------------------------|-----------------------|--------------------------|
| Cancelled | <input type="checkbox"/> | Seized by police | <input type="checkbox"/> |
| Medical condition | <input type="checkbox"/> | On behalf of deceased | <input type="checkbox"/> |
| Condition change | <input type="checkbox"/> | Voluntary | <input type="checkbox"/> |
| Other (give details below) | <input type="checkbox"/> | | |

5. Have you enclosed your card with this declaration?

Yes

No What is the reason for not enclosing your card?

I have already **returned** my card to:

Location

Date

 / /

I have **not returned** my card because it is:

Destroyed Lost

Stolen Other Give details below

6. Your declaration

I declare that the answers I have given to the questions in this declaration are complete, true and correct in every detail.

I understand that I may be prosecuted for giving or stating any false or misleading information.

Applicant's signature

Date

It is an offence under the relevant Transport Act to state anything or give a document to an authorised person if you know it contains false or misleading information. Penalties apply.

Privacy statement: TMR collects the information on this form for the purpose of surrendering or returning an industry authority card. This information is authorised by the *Transport Operations (Road Use Management) Act, Tow Truck Act and Transport Operations (Passenger Transport) Act*.

Office Use Only

Authorising person's name

Authorising person's signature

Date

 / /

Office Stamp