



- Licence
- Certificate of Registration
- Registration Renewal Notice
- Certificate of Approved Operations
- Certificate of Conditional Registration
- Unregistered Vehicle Permit (UVP)
- Historic and Classic Vehicle log book

Office use only	
Customer number	Attachments
<input type="text"/>	<input type="text"/>

Proof of Identity: To apply for a replacement product you must provide acceptable proof of identity documents. Details of acceptable proof of identity documents are available at roads-waterways.transport.nsw.gov.au, visit any service centre or call us on 13 22 13.

Reference Statement: This is required in certain cases. See 4 below.

1. Customer details

Name

Residential address (*licence address must be within NSW*)

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Mailing address (*if different from residential address, all mail will be posted to this address*)

<input type="text"/>
<input type="text"/>
<input type="text"/>
State Postcode

Email address

Mobile number

Your licence number

Date of birth

day	/	month	/	year
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For a replacement licence go to Q2.

For a Certificate of Registration, Registration Renewal Notice, Certificate of Conditional Registration, Certificate of Approved Operations, Unregistered Vehicle Permit (UVP) or a Historic and Classic Vehicle log book go to Q7.

2. Licence - What is the reason for your application for a replacement licence?

- | | | |
|--------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|
| Lost <input type="checkbox"/> | Change of name <input type="checkbox"/> | Poor picture quality <input type="checkbox"/> |
| Stolen <input type="checkbox"/> | Change of conditions <input type="checkbox"/> | Not received <input type="checkbox"/> |
| Damaged / Destroyed <input type="checkbox"/> | Change of appearance <input type="checkbox"/> | Licence previously surrendered <input type="checkbox"/> |
| Licence confiscated <input type="checkbox"/> | Change of residency status <input type="checkbox"/> | Change specs condition <input type="checkbox"/> |
| Passenger Transport condition <input type="checkbox"/> | | |
| Other <input type="checkbox"/> | | |

(Please specify below)

(Transport for NSW may verify permanent residency status online with the Department of Home Affairs. Visit roads-waterways.transport.nsw.gov.au for details.)

3. Would you like a NSW Photo Card issued with your NSW driver licence?

(Fees may apply. Additional application form not required)

No

Yes 5yr 10yr

4. Reference Statement

Required when sufficient proof of identity documents are not provided and you still wish to pay for a replacement licence in which case the referee will be contacted before a payment may be accepted. If payment is accepted you will be given an interim receipt for your licence until you return to the service centre and produce acceptable proof of identity documents to obtain a photo-licence.

To be completed by a person 18 years and over who has known you for at least 12 months and holds a current NSW licence or NSW Photo Card.

Referee's full name (*Please print*)

Referee's licence number

Referee's daytime contact no.

*Please read carefully before you sign.
If you do not tell the truth in your reference statement, both you and the applicant can be fined.*

I declare that I have known the applicant for at least 12 months and, that to the best of my knowledge, the personal details given in 1 are correct.

I understand that Transport for NSW will collect and hold my personal information to verify the applicant's details and that failure to supply full details and sign this declaration can result in the transaction not proceeding.

Transport for NSW may disclose my personal information inside and outside NSW to verify and validate the contents of this application and any supporting documents. I have a right to access or correct my personal information in accordance with the provisions of the relevant privacy legislation. I declare that the details in this reference are true and complete.

Signature of referee

Date

day	/	month	/	year
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5. Since last obtaining your licence, have you been prohibited or refused from driving a motor vehicle/vessel or riding a motorcycle in NSW or elsewhere?

No

Yes Give details

6. Since last obtaining your licence, have you been disqualified, cancelled, suspended or is there a charge pending against you or is your licence subject to an appeal for driving, riding or Maritime boating offences?

No

Yes Give details

7. I wish to apply for a replacement: (tick appropriate box)

Registration Certificate	<input type="checkbox"/>	Registration Renewal Notice	<input type="checkbox"/>
Conditional Registration Certificate	<input type="checkbox"/>	Certificate of Approved Operations	<input type="checkbox"/>
Unregistered Vehicle Permit	<input type="checkbox"/>	Historic and Classic Vehicle log book	<input type="checkbox"/>

What is the reason for your application?

Lost	<input type="checkbox"/>	Damaged	<input type="checkbox"/>	Destroyed	<input type="checkbox"/>
Stolen	<input type="checkbox"/>	Defaced	<input type="checkbox"/>	Not received	<input type="checkbox"/>
Change of details	<input type="checkbox"/>	Faulty	<input type="checkbox"/>		

Your vehicle plate number or VIN/chassis/serial number

8. Declaration

Please read carefully before you sign. If you do not tell the truth you can be fined. Any licence you hold could be cancelled.

You declare that the information on this form is true and complete. Under the road transport legislation it is an offence for anyone to attempt to obtain or renew a driver licence or to register or renew the registration of a vehicle, by false statement or any misrepresentation or other dishonest means.

Signature Date

day / month / year

Capacity if representative of company or firm

Representative's Authority

Note: This authority cannot be used to apply for a replacement licence. I declare that the person named below is my authorised representative.

Signature Date

day / month / year

Representative's details

Driver licence number Date of birth

day / month / year

Surname

Given names

Address

State Postcode

Representative's signature Date

day / month / year

Capacity if representative of company or firm

Personal Information Collection Notice

Transport for NSW is committed to protecting your privacy and ensuring your personal and health information is managed according to law.

Find out why we collect your personal information, including how we use and manage it, by reading our privacy statement at www.transport.nsw.gov.au/privacy-statement or phone 13 22 13 to request a copy.

Office Use - BUNDLE A Licensing / B Registration

Mailing address checked on DRIVES (if applicable)

Proof of Identity Record

Stand alone or primary proof	<input type="text"/>	Secondary proof	<input type="text"/>
Document number	<input type="text"/>	Secondary proof issue or E/Date	<input type="text"/>

POI Sample Questions completed

Verified Further checks required (receipt issued)

Referee contact

Unnecessary Applicant's identity confirmed

Confirm identity (Applicant's signature)

Eyesight test/Medical report (for changes to spectacles/passenger transport conditions)

Pass without glasses or contacts	<input type="checkbox"/>	Pass with glasses or contacts	<input type="checkbox"/>
Eyesight/Medical Report	<input type="checkbox"/>	Private	<input type="checkbox"/>
		Commercial	<input type="checkbox"/>

Photo Comparison

No stored image	<input type="checkbox"/>	Matched	<input type="checkbox"/>
Faulty	<input type="checkbox"/>	Mismatched	<input type="checkbox"/>

NSW Photo Card

NSW Photo Card issued (No application form required)

Registration, Conditional Registration or UVP issued

Registration Certificate	<input type="checkbox"/>	Registration Renewal Notice	<input type="checkbox"/>
Unregistered Vehicle Permit	<input type="checkbox"/>	Conditional Registration Certificate of Approved Operations	<input type="checkbox"/>
Conditional Registration Certificate	<input type="checkbox"/>	Historic and Classic Vehicle log book	<input type="checkbox"/>

CSR signature (who did POI and/or eyesight test and issued replacement document)

Staff number Date

day / month / year