

Change of Vehicle Particulars Notification

Transport Operations (Road Use Management) Act 1995



Queensland
Government

It is an offence to give false or misleading information under the *Transport Operations (Road Use Management) Act*. **Maximum penalty may exceed \$6000.**

1. Registered Operator's details

Private/Business/Company name/s

Residential/Business address

Postcode

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

Postcode

2. Vehicle details

Registration number	Make (for example, Ford, Holden)	Model (for example, Falcon, Barina)	Body shape (for example, sedan)	Year of manufacture
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Compulsory Third Party (CTP) Insurance

Only GST registered businesses may be able to claim an Input Tax Credit (ITC). Is anyone entitled to claim the GST component of the CTP insurance premium for the vehicle as an ITC? If unsure contact your tax advisor.

No Yes

You may choose a new CTP insurer for the next registration period. For a list of licenced insurers visit www.maic.qld.gov.au.

Do you wish to nominate a new CTP insurer?

No Yes If yes, name of CTP insurer

4. Is the vehicle registered to an individual/s and used exclusively for personal and domestic activities?

Yes PRIV Go to 5.

No Please indicate purpose of use below (please tick one box only)

Commercial	<input type="checkbox"/> COML	Rental (Self Driver Rental)	<input type="checkbox"/> RENT	Driver Training or Tuition	<input type="checkbox"/> TRAI
Dealer	<input type="checkbox"/> DEAL	Taxi	<input type="checkbox"/> TAXI	Licensed Tow Truck	<input type="checkbox"/> LTOW
Emergency Vehicles	<input type="checkbox"/> EMER	Used for Non Profit	<input type="checkbox"/> NONP	School Activities Only (Transporting Children, Teachers etc.)	<input type="checkbox"/> SCHA
Translink Urban Service	<input type="checkbox"/> TLKU	Limousine	<input type="checkbox"/> LIMO	Public Passenger Service	<input type="checkbox"/> PPSE
Produce Carrying (Farming)	<input type="checkbox"/> FARM	Special Purpose Limousine	<input type="checkbox"/> LSPL		

5. Please specify the vehicle particulars being changed (for example, change of engine number)

Please note: the vehicle will have to be taken to a Department of Transport and Main Roads Customer Service Centre or local Police Remitting Station, if there is no service centre in your area, for verification of the changes and endorsement of this form.

6. Has the vehicle been changed from the manufacturer's original specifications?

No Yes A Certificate of Modification or an Approval letter must be sighted by a departmental Customer Service Officer.

7. Certification

I/We certify the information and statements provided in this application are true and correct. I/We consent to the department verifying my evidence of identity documents or information with the issuing authority or their agencies.

Registered Operator's signature/s (In the case of joint registered operators at least one must sign) Date

Please lodge this application at your nearest:

Customer service centre (refer to your local Telephone Directory) **OR**

Clerk of the Court/Police Remitting Station authorised to transact vehicle registration business.

Change of particulars processed at

Office name _____ Date ____ / ____ / ____

Particulars changed _____

Operator's signature _____

Office stamp

Office Use Only - Inspecting Officer to complete

Particulars	New details	Particulars	New details
Engine number		Colour	Beige <input type="checkbox"/> Bei <input type="checkbox"/> Maroon <input type="checkbox"/> Mar <input type="checkbox"/> Black <input type="checkbox"/> Bla <input type="checkbox"/> Mauve <input type="checkbox"/> Mau <input type="checkbox"/> Blue <input type="checkbox"/> Blu <input type="checkbox"/> Orange <input type="checkbox"/> Ora <input type="checkbox"/> Brown <input type="checkbox"/> Bro <input type="checkbox"/> Pink <input type="checkbox"/> Pin <input type="checkbox"/> Bronze <input type="checkbox"/> Brz <input type="checkbox"/> Purple <input type="checkbox"/> Pur <input type="checkbox"/> Cream <input type="checkbox"/> Cre <input type="checkbox"/> Red <input type="checkbox"/> Red <input type="checkbox"/> Fawn <input type="checkbox"/> Faw <input type="checkbox"/> Silver <input type="checkbox"/> Sil <input type="checkbox"/> Gold <input type="checkbox"/> Gol <input type="checkbox"/> Tan <input type="checkbox"/> Tan <input type="checkbox"/> Green <input type="checkbox"/> Gre <input type="checkbox"/> Turquoise <input type="checkbox"/> Tur <input type="checkbox"/> Grey <input type="checkbox"/> Gry <input type="checkbox"/> White <input type="checkbox"/> Whi <input type="checkbox"/> Khaki <input type="checkbox"/> Kha <input type="checkbox"/> Yellow <input type="checkbox"/> Yel <input type="checkbox"/> Code
Motorcycle Engine Capacity mLs	Make/Model	
Number of cylinders <i>(Modification Certificate may be required)</i> cylinders Modification Certificate No.	Identification Plate	No <input type="checkbox"/> Yes <input type="checkbox"/> Month Year
Fuel type	Petrol <input type="checkbox"/> Petrol and gas <input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Gas Certificate - is the vehicle fitted with gas fuel systems or other gas systems? No <input type="checkbox"/> Yes <input type="checkbox"/> You must present the relevant Gas Certificate, Form PGR101/102 (fuel system) or Form PGA734 (cooking facilities), with this application unless exempt. For used vehicles the issue date of the certificate must not be more than three months before the lodgement date of this application. Gas <input type="checkbox"/> Gas fuel systems Cert. no. Gas fuel systems Cert. issue date .. / .. / .. Other <input type="checkbox"/> Other gas systems Cert. no. Other gas systems Cert. issue date .. / .. / ..	Modification Plate	No <input type="checkbox"/> Yes <input type="checkbox"/> Month Year
Seating capacity <i>(Modification plate to be fitted)</i>	Plate fitted? Yes <input type="checkbox"/> No <input type="checkbox"/>	VIN/Chassis number	
Body shape <i>(Modification plate to be fitted if altered from original specifications)</i>	Plate fitted? Yes <input type="checkbox"/> No <input type="checkbox"/> Code	Tare	tonnes/kgs/lbs/cwt
Approval letter or form F4586 attached	Approval letter or form F4586 lodged? Yes <input type="checkbox"/> No <input type="checkbox"/> Application is to be refused <input type="checkbox"/>	GVM/GCM <i>(Modification plate may be required to be fitted)</i>	GVM GCM
		Axle configuration <i>(Complete the appropriate inspection sheet)</i>	

Inspection Certificate

Inspecting Officer's name (please print)

Inspecting Officer's position/rank

Departmental officer Government Agency Officer at a departmental Lead Agency QGAP

Inspection location

Police Officer
 (if submitted to a Magistrates Court/Police Remitting Station)

Office stamp

I certify that I personally inspected the vehicle specified overleaf and the above modification details are true and correct.

Inspecting Officer's signature Date

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*. Where required, the department or its agents/contractors may give some or all of this information to vehicle insurers, statutory entities, insolvency entities, lawyers, person's involved in vehicle incidents/accidents, vehicle manufacturers, third parties who are involved in or intend to commence various legal proceedings, tolling entities, law enforcement agencies and to or through 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.