			Transport for NSW C
GOV	0		icence, vehicle, vessel, engine details, contact details
Us re	se this form to make changes to your NSW driver licence (all classes), gistration, and/or mooring licence.		attachments
•	You must provide original copies of supporting documents. (Photocopi Customers with road products only (i.e. a driver licence and ver Combined licence holders and customers with both road and		,
	maritime business. For further enquiries visit a service centre or call Service NSW on 13 2		
	Hearing or speech impaired? Call us on the National Relay Service:	TTY users	
	Transport for NSW no longer record organ donation details. For more		d Listen users phone 1300 555 727 and ask for 13 22 13 . n visit donatelife.gov.au
	Products held (tick and complete all applicable)	2	Personal details
	Driver licence or customer Boat or Mooring licence		Date of birth Gender
	number number		day month year Male Female
	Combined licence - driver/boat driving	3	Licence and registration changes
	No Yes		Your licence or customer number
	Vehicle plate number		
			What driver licence details are to be changed?
	Vessel registration number		(Permanent residency status may be verified online by Transport for NSW with the Department of Home Affairs. For a full list of acceptable
			proof of Australian residency documents, visit our website.
1	Customer details (include all new details)		
	Surname		
			What vehicle registration details are to be changed?
	Given name(s)		
	Organisation name (if applicable)		What boat or mooring licence details are to be changed?
	Residential address or business address		
	(licence address must be in NSW)		What vessel registration details are to be changed?
	Postcode		
	Mailing address (If different from residential address All mail will be posted to this address)		
	All mail will be posted to this address)	4	Declaration
			You declare that the information on this form is true and complete
	Postcode		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
	Vehicle garage address (where the vehicle will most often be kept)		the registration of a vehicle, by false statement or other dishones means.
			Signature
	Postcode		
	If you would like to register for an online service account, go to		Print name and capacity (if representing an organisation)
	service.nsw.gov.au for more information.		
	Email address		
	Mobile number		Date
			day month year
	Contact person name		Personal Information Collection Notice
			Transport for NSW is committed to protecting your privacy and ensuring your personal and health information is managed
	Eleat manager name (if applicable)		according to law.
	Fleet manager name (if applicable)		Find out why we collect your personal information and how we use and manage it by reading our privacy statement at
			transport.nsw.gov.au/privacy-statement or phone 13 22 13 to request a copy.
		1	(continued payt page)

 5 Representative's authority (Changes to organisation and vehicle details only) This authority must be completed if you send someone else to conduct business on your behalf. I declare that the person named below is my authorised representative Signature 	Authorised Examiner's use Note: Identification numbers must be completed below, when an examination of the vehicle required the vehicle details to be changed. Registration plate number Inspection report number			
Print name and capacity (if representing an organisation)	VIN or chassis/frame number - en	sure all characters are recorded		
	Engine number			
Date				
	Engine make			
day month year Representative's details				
NSW Driver Licence / Customer number	Engine capacity Motive pow	ver No. cylinders or rotors		
Name				
	Gross vehicle mass Gross combin	hation mass Overall axle space		
Address				
	Tare weight Axle code	Wheelbase		
Postcode	Vehicle fittings			
Date of birth Gender				
day month year Male Female				
Representative's signature	Other (specify changes)			
Date				
	Conditions/endorsements			
day month year				
SNSW Office Use - Bundle C				
Mailing address checked on DRIVES (if applicable)				
Stand alone or primary proof Secondary proof (if necessary)	Station name, address and nu	mber		
Document number Secondary proof Issue or E/Date				
Document produced to prove change				
	I certify I have examined th detail/s comply in all res	pects with the Rules for		
Date of issue or expiry date	Authorised Inspection Static	ons.		
	Name Authorised examiner			
day month year				
SNSW location Issue centre number	Examiner's number			
Conditions / Endorsements	Examiner's signature			
Add/Change/Delete Nominated Configuration Code				
Effortive data				
Effective date Condition code	Date			
day month year	day month yes			
Customer service representative's signature	day month year			
Staff number Date				
day month year				

OFFICIAL: Sensitive – Personal (when completed)