

1. Operator licence details

Licensee name

Operator licence number

Operator licence business address

 Postcode

2. Operator licence representative's details

Surname

Given names (*list all names*)

Date of birth

day / month / year

Driver licence number

Relationship to licensee

Copy of driver licence attached (both sides)

 Yes (*mandatory*)

3. Licence replacement details

What is the reason for your application for a replacement tow truck operator licence?

- Lost
 Stolen
 Damaged / Destroyed
 Not received
 Other (*please specify below*)

Date (*if known*)
day / month / year

4. Declaration

I declare that:

1. I have no knowledge of any improper use which has been made of this operator licence; and
2. The information contained in this application is accurate and truthful; and
3. Should this operator licence be found or recovered I will return it to NSW Fair Trading immediately or as soon as practicable.

I authorise NSW Fair Trading to obtain information and/or records, including but not limited to, my driving licence records and the currency of my driver licence, criminal records, charges pending, events and transcripts of proceedings against me, from its own records or the relevant Australian and/or overseas agencies. I understand that NSW Fair Trading may legitimately use this information to determine the outcome of this application for a replacement tow truck operator licence and in the administration of that licence.

Signature of applicant

Date

day / month / year

This application must be accompanied by the applicable fee. All cheques/money orders made payable to NSW Fair Trading. A full list of current fees and charges is available on the NSW Fair Trading website.

www.fairtrading.nsw.gov.au

Please see page 2 for credit card voucher

Office use only:

Approved Not approved

Signed

Date

day / month / year**Please return this form to:**

Mail to: Tow Truck Licensing, PO Box 972, Parramatta NSW 2124

www.fairtrading.nsw.gov.au | T 13 32 20

CREDIT CARD PAYMENT VOUCHER:

Please charge my credit card for the enclosed application.

Applicant name: _____

(if the same as card holder please leave blank)

Address: _____

Please charge the full cost of \$ _____ to my credit card.

Card type (tick)  Mastercard
  Visa

Card number
[][][][] - [][][][] - [][][][][] - [][][][][]

Expiry date
[][] / [][]

Name on card: _____

Address: _____

Signature of card holder _____ Date [][] / [][] / [][]

PLEASE ENSURE YOUR CARD NUMBER IS QUOTED CORRECTLY. FAILURE TO PROVIDE THE CORRECT DETAILS MAY RESULT IN YOUR APPLICATION BEING REFUSED.

OFFICE USE ONLY:

Case number			
Officer		Date	/ /