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| **Applicant Details** | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | ACN | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | |
| Telephone | |  | | | | | | | | | | | | | | | | | | | | | |
| Email Address | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Vehicle Details** | | | | | | | | | | | | | | | | | | | | | | | |
| Make & Model | |  | | | | | | | | | | | | | | | | | | | | | |
| Registration Number | |  | | | | | | | | | | | | | | | | | | | | | |
| VIN / Chassis Number | |  |  |  |  | |  |  |  | |  |  |  | |  |  | |  | |  |  |  |  |
| Build Date | |  | | | | | | | | | | | | | | | | | | | | | |
| Purchased from ? | |  | | | | | | | | | | | | | | | | | | | | | |
| Sellers Address | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | Odometer Reading pre-repair |  | | Odometer Reading reset to |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reason for Alteration / Replacement of Odometer** | | | | | | | | | | | | | | | | | | | | | | | |
| *Attach additional information / pages / supporting documents if required* | | | | | | | | | | | | | | | | | | | | | | | |
| **Reasons / Justification for Estimation of Distance Travelled for Altering Odometer Reading** | | | | | | | | | | | | | | | | | | | | | | | |
| As at ……/…../……. the minimum odometer reading of this vehicle should have been: ……………km  On average a vehicle will travel at least 15,000 kilometres per year. This works out to be 1,250 kilometres per month and 40 kilometres per day. Based on this estimate, the kilometres travelled by this vehicle between ……/…../……. and ……/…../……. should have been:  ……. .. days x …….. kilometres = ……………………. kilometres.  As at ……/…../……. the current odometer reading is ……………………… kilometres.  Therefore, the total estimated odometer reading as at ……/…../……. should be:  …………..…… kilometres + ………………… (*Current Odometer Reading*) = ……..………... kilometres.  *Attach additional information / pages / supporting documents if required* | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicants Declaration** | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that the particulars specified in this application are, to the best of my knowledge, true and correct in every detail.  Signature Date / / | | | | | | | | | | | | | | | | | | | | | | | |
| Send completed form to [SydneyAutomotive@customerservice.nsw.gov.au](mailto:SydneyAutomotive@customerservice.nsw.gov.au) or to  Sydney Fair Trading Centre, PO Box 972, Parramatta 2124. | | | | | | | | | | | | | | | | | | | | | | | |
| **FAIR TRADING USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | |
| 🞏 Reasons for estimation have been reviewed 🞏 Application Recommended 🞏 Application NOT Recommended | | | | | | | | | | | | | | | | | | | | | | | |
| Officers Name |  | | | | | Signature | | | |  | | | | | | | | | | | | | |
| Date |  | | | | |
| TRIM |  | | | | | CAS | | | |  | | | | | | | | | | | | | |
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| **FAIR TRADING USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | |
| 🞏 Application Approved 🞏 Application NOT Approved | | | | | | | | | | | | | | | | | | | | | | | |
| Delegate |  | | | | | | | | | | | | | Date | | | / / | | | | | | |
| Signature | *Delegate, NSW Fair Trading* | | | | | | | | | | | | |
| As delegate of the Secretary for NSW Fair Trading under a delegation dated 20 December 2013. | | | | | | | | | | | | | | | | | | | | | | | |
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| This section is provided for including additional information to support your application (if required) | | | | | | | | | | | | | | | | | | | | | | | |
| **Reason for Alteration / Replacement of Odometer** | | | | | | | | | | | | | | | | | | | | | | | |
| *Attach additional information / pages / supporting documents here if required* | | | | | | | | | | | | | | | | | | | | | | | |
| **Reasons / Justification for Estimation of Distance Travelled / Odometer Reading** | | | | | | | | | | | | | | | | | | | | | | | |
| *Attach additional information / pages / supporting documents here if required* | | | | | | | | | | | | | | | | | | | | | | | |
| 🞏 Reasons for estimation have been reviewed 🞏 Application Recommended 🞏 Application NOT Recommended | | | | | | | | | | | | | | | | | | | | | | | |
| Officers Name |  | | | | | Signature | | | |  | | | | | | | | | | | | | |
| Date |  | | | | |