

DRIVER LICENCE RENEWAL NOTICE

CUSTOMER ID

NAME AND ADDRESS

MVR QUICK PAY
TRANSACTION NUMBER

LICENCE NUMBER

CLASS(ES)

CRIMINAL HISTORY
REQUIRED

EXPIRY DATE

EYESIGHT TEST
DUE DATE

MEDICAL HISTORY
REQUIRED

ENDORSEMENTS
REQUIRED

FOR HOW LONG DO YOU WANT TO RENEW YOUR LICENCE? PLEASE TICK (✓) ONE.

1 YEAR
\$24.00

2 YEARS
\$36.00

3 YEARS
\$48.00

4 YEARS
\$60.00

5 YEARS
\$72.00

Do you have any medical, physical or psychiatric condition that may affect your ability to drive/ride or control any motor vehicle for which you are licensed?

YES NO

Where this question is answered "Yes", a medical certificate may be required. Contact Motor Vehicle Registry on 1300 654 628.

HAVE YOU CHANGED YOUR ADDRESS?

NEW RESIDENTIAL ADDRESS

ADDRESS POSTCODE

HOME PHONE.....WORK PHONE.....MOBILE.....

NEW POSTAL ADDRESS

ADDRESS POSTCODE

Do you want your MVR renewal notices sent by email instead of post? YES EMAIL NO ADDRESS

CUSTOMER DECLARATION

IMPORTANT: PLEASE READ THE FOLLOWING BEFORE YOU SIGN. A FALSE DECLARATION COULD RESULT IN PROSECUTION.

I declare that I am a resident of the Northern Territory and that the information provided on this notice is true and complete. I have read the information on the back of this notice and consent to the disclosure of the information provided.

CUSTOMER'S SIGNATURE DATE/...../.....

