



Department of Planning and Infrastructure

All Correspondence to: Phone: 1300 654 628
GPO Box 530 Fax: (08) 8999 3103
DARWIN NT 0801 Email: mvr@nt.gov.au
Website: www.mvr.nt.gov.au

Application for Disclosure of Information
(For use by Local, Territory, State, and Commonwealth Government Agencies)

Name of Department / Agency requesting information

[Text box for Name of Department / Agency]

Authorised Officer's Name

[Text box for Authorised Officer's Name]

Postal Address

[Text box for Postal Address with State and Postcode fields]

Office Location

[Text box for Office Location]

Email Address

[Text box for Email Address]

Telephone

[Text box for Telephone]

Facsimile

[Text box for Facsimile]

Mobile Phone Number

[Text box for Mobile Phone Number]

Important Note: Government Officers must be empowered under relevant legislation to request this information.

I am requesting this information for the reason/s indicated below:

Tick Box(es)

- Motor Vehicle Crash - Details of Parties Involved - Complete Section 1 - Police Accident Report must be attached
Infringement / Prosecution / Enforcement of Local/State/Territory/Commonwealth Legislation - Complete Section 2
Confirmation of Information - Complete Section 3

Section 1 - Motor Vehicle Crash - Details of Parties involved

I am requesting this information to identify the parties to a motor vehicle crash (Police Accident Report must be attached).

Description of vehicle A

Registration Number, Colour, Make, Type, Surname (of Driver), Given Name/s (of Driver), Drivers Licence Number, Licence Expiry Date

Description of vehicle B

Registration Number, Colour, Make, Type, Surname (of Driver), Given Name/s (of Driver), Drivers Licence Number, Licence Expiry Date

If more than two vehicles, attach a separate list of vehicles and drivers involved

Other Crash Details

Date of Crash, Specific location of crash, Time of day

Office Use Only

Police Report attached, Police Report Number, CSO User ID

## Section 2 - Infringement / Prosecution / Enforcement of Legislation

A statement of details is only available where permitted under Local, Territory State or Commonwealth Legislation. The legislation under which this information is requested is:

Legislation: \_\_\_\_\_ Section: \_\_\_\_\_

Legislation is:  LOCAL  COMMONWEALTH  STATE/TERRITORY \_\_\_\_\_  
(specify State)

**Registration Details** - If more than one vehicle, attach a separate list

Registration Number	Colour	Make	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Driver Licence Details** - If more than one driver, attach a separate list

Surname	Given name/s
<input type="text"/>	<input type="text"/>
Licence Number	Date of Birth
<input type="text"/>	<input type="text"/>

## Section 3 - Confirmation of Information - If more than one vehicle or driver, attach a separate list

If you know the name of the person about whom information is required, or the registration number of a vehicle owned by that person, the information below (items 1 to 4) may be confirmed or denied according to the Registrar's record.

**Information is required in respect of:**

Surname	Given Name(s)	
<input type="text"/>	<input type="text"/>	
Address	Registration Number	as at (date)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tick Box(es)

- Name recorded as above
- Currently Registered
- Recorded as Stolen
- Subject to Defect Notice

### Office Use Only

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Privacy Statement

The Registrar of Motor Vehicles is required to collect information for registrations, licences and permits under section 92 of the *Motor Vehicles Act*. The Registrar adheres to the Department's Privacy Statement and the *Information Act*. Further information on privacy can be found at [www.nt.gov.au/dlp](http://www.nt.gov.au/dlp)

## Declaration

I declare that I will use the information provided to me by Motor Vehicle Registry from the records of the Registrar strictly for the reasons I have stated on this form and for no other purpose(s). I will not, in any circumstances whatsoever, disclose in any form (whether verbal, written or otherwise), the information or any part of it to, any third party whether a person, corporation, government body or any other entity. I understand that failure to strictly comply with this Declaration may result in legal action being taken against me without further notice.

Applicant's Name (in print)	Applicant's Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

*The Territory shall not in any circumstances be liable for any loss or damage caused to the Applicant as a result (direct or indirect) of the provision of the Information where the Information is incorrect or inaccurate in any particular and whether the incorrect or inaccurate Information was provided negligently and/or in breach of this application. The Applicant indemnifies and agrees to keep indemnified the Territory against all and any claims or actions in respect of any such loss or damage whether such claim or action is brought by the Applicant against the Territory or by any third party against the Applicant and/or the Territory in circumstances where that third party has suffered loss or damage as a result of the provision of the Information by the Territory or the divulgence, use or misuse of that Information by the Applicant.*