



Application for Disclosure of Information

(For use by Individual or Non-Government Organisations)

Person/Organisation

Name		Driver Licence or ACN / ARBN / ABN etc.	
<input type="text"/>		<input type="text"/>	
Address		Business Contact Name	
<input type="text"/>		<input type="text"/>	
State		Email Address	
Postcode		<input type="text"/>	
Telephone	Facsimile	Mobile Phone Number	
()	()	<input type="text"/>	

Tick Box(es)

I am requesting the information for my own use.

I am requesting the information on behalf of somebody else and written authorisation from that person is attached.

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

Motor Vehicle Crash - Details of Parties Involved - **Complete Section 1 - Police Accident Report must be attached**

Statement of Vehicle Registration/Driver Licence details - **Complete Section 2**

Confirmation of Information - **Complete Section 3**

Other (please specify) - **Complete Section 4**

Section 1 - Motor Vehicle Crash - Details of Parties involved

I have been unable to locate or contact the driver and/or owner of the vehicle described below that was involved in a motor vehicle crash with me/our client.

Description of vehicle(s)

My Registration Number	Colour	Make	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Vehicle's Registration Number	Colour	Make	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname (of other Driver)	Given Name/s	Drivers Licence Number	Licence Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Crash Details

Date of Crash	Specific location of crash	Time of day
<input type="text"/>	<input type="text"/>	<input type="text"/>

Office Use Only		
<input type="checkbox"/> Police Report attached	Police Report Number <input type="text"/>	CSO User ID <input type="text"/>

Section 2 - Statement of NT Vehicle Registration / Driver Licence Details

A statement of details is only available for your own vehicle registration or driver licence (except where written authorisation is provided) or where permitted under Territory, State or Commonwealth Law.

Information required is: (Attach list if the details of more than one vehicle or person is required)

Tick Box(es)

<input type="checkbox"/> Statement of Licence History Details for Driver Licence number	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>
<input type="checkbox"/> Statement of Registration History Details for Registration number	<input type="text"/>				

Section 3 - Confirmation of Information

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

Section 4 - I am requesting the information for the following reasons:

(Please include reference to legislation under which the information is requested)

Privacy Statement

The Registrar of Motor Vehicles is required to collect information for Registrations, Licenses and Permits under section 92 of the NT *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/transport

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 (print clearly)	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 divulgation, use or misuse of that Information by the Applicant.