



# Application for Replacement Tow Truck Driver Certificate

## 1. Applicant's details

Surname

Given names (list **all** names)

Date of birth

Current address

  
  

## 2. Driver certificate details

Driver certificate number

Driver licence number

What is the reason for your application for a replacement tow truck driver certificate?

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

Date (if known)

Copy of driver licence attached

- Yes (mandatory)

## 3. Declaration

I declare that:

1. I have no knowledge of any improper use which has been made of this driver certificate; and
2. The information contained in this application is accurate and truthful; and
3. Should this driver certificate 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 driver certificate and in the administration of that certificate.

Signature of applicant

Date

**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](http://www.fairtrading.nsw.gov.au)**

Please see page 2 for credit card voucher.

### Office use only:

Approved  Not approved

Signed

Date

Please return this form to:

Tow Truck Licensing, PO Box 972, Parramatta NSW 2124  
[www.fairtrading.nsw.gov.au](http://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	/ /