



Customer ID

## Application for Compulsory Third Party Insurance for a Visiting Vehicle or Trailer

Surname/Company Name <input type="text"/>		Given Names/ABN/ARBN/ACN (if company) <input type="text"/>	
Residential/Street Address <input type="text"/> ..... <input type="text"/>		Postal Address <input type="text"/> ..... <input type="text"/>	
State	Postcode	State	Postcode
Telephone Number <input type="text"/>	Mobile Phone Number <input type="text"/>	Email Address <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>

### Details of Vehicle/Trailer - Important Note: A separate form is required for each vehicle/trailer

The vehicle identified below will be visiting the Northern Territory between the dates shown below, and I request that the Territory Insurance Office provide Compulsory Third Party Insurance for that period.

Date of Entry	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Exit	<input type="text"/> / <input type="text"/> / <input type="text"/>
Registration Number <input type="text"/>	State /Territory <input type="text"/>	Date of Expiry <input type="text"/> / <input type="text"/> / <input type="text"/>	
Year of Manufacture <input type="text"/>	Make <input type="text"/>	Model <input type="text"/>	
VIN/Chassis/Serial <input type="text"/>		Engine Number <input type="text"/>	
GVM or ATM <input type="text"/>	Number of Axles <input type="text"/>	Nominated Configuration <input type="text"/>	
(for heavy and multi-combination vehicle/trailer)			

### 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.transport.nt.gov.au/mvr/about-us](http://www.transport.nt.gov.au/mvr/about-us)

### Declaration

I, the undersigned, hereby declare that the above details are true and correct in every particular, and I have read and understood the Privacy Statement on this form.

Applicant's Signature <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
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### Office Use Only

Current Registration Certificate sighted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence of Identity	Category A <input type="checkbox"/> Category B <input type="checkbox"/>
Configuration Code	<input type="text"/>
CTPI Insurance Category	<input type="text"/>
CTPI Fees Paid	\$ <input type="text"/>
User ID / Name	<input type="text"/>