

In correspondence, please quote this number ▼

Please correct any errors on this label in Q2.

Vehicle Registration details

Rego: \_\_\_\_\_

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

### Purpose of Collection

This survey will provide a nationwide picture of motor vehicle use which will be used in the allocation of Federal road funds; road planning, building and maintenance; and enhancing road safety and other activities.

### Collection Authority

The information asked for is collected under the authority of the *Census and Statistics Act 1905*. Your co-operation is sought in completing and returning this form by the due date. The Act provides me with the power, if needed, to direct you to provide the information sought.



### Confidentiality

Your completed form remains confidential to the Australian Bureau of Statistics.

### Due Date

Please complete this form and return it in the reply paid envelope to the Australian Bureau of Statistics by

### Help Available

If you have problems in completing this form, or feel that you may have difficulties meeting the due date, please contact the Australian Bureau of Statistics by:

#### Telephone

1800 735 060  
(Freecall)

#### Facsimile

1300 303 813

#### Mail

Reply Paid 76746  
Sydney NSW 2000

Dennis Trewin  
Australian Statistician

Person we should contact if any queries arise regarding this form

Name		Telephone Number					
Signature		Mobile Number					
		Date		/		/	

## Please read this first

This form will be read using electronic equipment, therefore:

- Use **black** pen only when completing this form.
- Keep each number or cross **within** the data entry boxes provided, for example

or

- Leave boxes blank where you have no response or data to enter, for example

- Do **not** use 'nil', 'n/a' or '-'.

- For questions other than those concerning the odometer, if exact figures are not available please provide careful estimates.

- The items listed under **Including** and **Excluding** are examples and should not be taken as a complete list of items to be included or excluded.

### 1 Are the vehicle details printed beside the address label on the front of this form correct?

Yes   Go to **Q2**

No  Please provide correct details below

**Note**

- Write text in capitals and within the data entry boxes.

Registration number

State/territory of registration

Year of manufacture

Make

Model

### 2 Are the name and address details printed on the address label on the front of this form correct?

Yes   Go to **Q3**

No  Please provide correct details below

**Note**

- Write text in capitals and within the data entry boxes.

Name

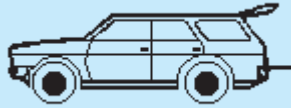
Address

Town/ city

Postcode

3 What is the vehicle type?

Cross one box



Car, hatchback or station wagon .....



Motorcycle or scooter .....



Passenger van or minibus with fewer than 10 seats .....



Goods carrying van Gross Vehicle Mass (GVM) up to 3.5 tonne .....



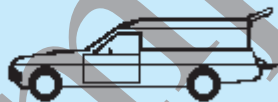
Four wheel drive (4WD) passenger vehicle with fewer than 10 seats .....



Four wheel drive (4WD) (load carrying) Gross Vehicle Mass (GVM) up to 3.5 tonne .....



Utility (single or dual cab) Gross Vehicle Mass (GVM) up to 3.5 tonne .....



Panel van .....

Camper van .....

Other (please specify) .....

Sample Only

4 Were you the registered owner of this vehicle at 1 February 2006?

Yes  Go to Q8  
No

5 Why did you cease to be the registered owner?

Cross one box

Vehicle was:

- Sold .....
- Returned to lessor .....
- Deregistered .....
- Other (please specify) .....

.....

6 On what date did you cease to be the registered owner?

/ /

7 Please supply the name and address of the new owner

Name

Address

.....  
Postcode

Telephone No.

Go to Q16



## 11 How many cylinders does the vehicle have?

*Note*

- Refer to registration papers, owner's manual or manufacturer's specifications.

Cross one box

Rotary engine

1

2

3

4

6

8

Other (please specify)

## 12 What type of fuel does this vehicle use?

Cross one box

Petrol - unleaded .....

Petrol - lead replacement .....

Petrol - lead replacement and unleaded mix ...

Diesel .....

L.P.G. (Liquefied Petroleum Gas) .....

C.N.G. (Compressed Natural Gas) .....

Dual Fuel (e.g. Petrol and L.P.G.) .....

Other (please specify) .....

**13 Is this vehicle's odometer** (the distance recording part of the speedometer) **in working order?**

Yes

No  **Go to Q16**

**14 Please record the vehicle's exact odometer reading**

**Note**

- Report to the nearest whole kilometre or mile  
e.g. report as 239033 and **not rounded**.
- Report the odometer reading as close to 1 February 2006 as possible.
- Ensure that you keep a record of this reading for use in completing the second form.
- Hubometer readings are acceptable.

km

or

miles

**15 On what date did you make this odometer reading?** .....

/   /

**Time taken and comments**

**16 Please provide an estimate of the time taken to complete this form**

**Including**

- The time actually spent reading the instructions, working on the questions and obtaining the information
- The time spent by all employees in collecting and providing this information

.....   hrs   mins

**17 Please provide comments**

- on any of the information you have supplied on this form
- on any questions which caused problems
- if you would like to suggest improvements to this form

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**Please check that you have:**

- filled in your odometer reading (if applicable) in Question 14; and
- dated the reading in Question 15.

**Thank you for completing this form**

Sample Only