

1 February 2006

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		/		/	

3 What is the vehicle type?

Cross one box



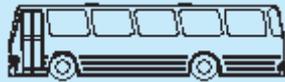
Four wheel drive (4WD) passenger vehicle with fewer than 10 seats



Minibus with fewer than 10 seats



Minibus or other passenger vehicle with between 10 and 19 seats



2 axle bus or minibus with 20 or more seats



3 axle bus with 20 or more seats



Articulated bus

Other (please specify, e.g. double decker)

4 What is the adult carrying capacity for this vehicle's present layout?

Including

- Sitting and standing passengers and driver

.....

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

Yes Go to Q9
No

6 Why did you cease to be the registered owner ?

Cross one box

Vehicle was:

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

.....

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

8 Please supply the name and address of the new owner

Name

Address
.....
Postcode

Telephone No.

Go to Q16

9 Is this vehicle manual or automatic?

Manual

Automatic

10 Is this vehicle fitted with four wheel drive (4WD)?

Note

- Four wheel drive is drive through at least two axles in separate axle groups. This is also known as “all wheel drive”.

Yes

No

11 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)

12 What is the manufacturer's rating for Gross Vehicle Mass (GVM) for this vehicle?

Note

- The GVM is the weight of the vehicle including the maximum carrying capacity.
- The GVM may be recorded on the compliance plates or in the manufacturer's specifications.

kg

Sample Only

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