



Motor Vehicle Registry  
 GPO Box 530, DARWIN NT 0801  
 Phone: 1300 654 628  
 Fax: (08) 8999 3103  
 Email: mvr@nt.gov.au  
 Website: www.mvr.nt.gov.au

Customer ID

M11

**Application for First Issue/Replacement of NT Work Zone Traffic Management ID Card**

**Type of Application**

First Issue     
  Renewal     
  Lost     
  Stolen     
  Damaged  
 Change of Name - from:

**Applicant Details**

Surname       Date of Birth  /  /      
 Male       Female       Unspecified   
 Given Name(s)       Residential Address   
 Telephone (home)       Telephone (business)      
 State       Postcode   
 Telephone (mobile)       Postal Address (if different to residential)   
 E-mail Address       State       Postcode

**Statement of Attainment Details**

Registered Training Organisation No.	Course Code	Dated	Statement Number

**Unattested Declaration**

I declare, by virtue of the *Oaths, Affidavits and Declarations Act*, the information provided in this application is true and correct in every particular. I consent to the Motor Vehicle Registry using and disclosing information for the purpose of management of the Workzone Traffic Management identity card and the associated training qualifications.  
**Note:** A person wilfully making a false declaration, or altering a statement, in a statutory declaration is liable to a penalty of up to 400 Penalty Units or imprisonment for 4 years, or both.

Applicant's Name (print)      
 Applicant's Signature      
 Date  /  /

**Privacy Statement**

The information on this form and the digital photographic image is collected and stored by Motor Vehicle Registry for the purpose of issuing a Workzone Traffic Management identity card. The Registrar of Motor Vehicles adheres to the Department's privacy statement and the *Information Act*.

**Office Use Only**

Evidence of Identity: Category A/B \_\_\_\_\_ Category A/B \_\_\_\_\_ Category A/B \_\_\_\_\_  
 Evidence of Residency \_\_\_\_\_ Signature Checked  User ID \_\_\_\_\_