



Application for Concession for Vehicle Fitted with a Wheelchair Hoist or Ramp

When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE

To be eligible for a 100% concession the vehicle must:

- have a gross vehicle mass (GVM) that does not exceed 4500 kg;
- be fitted with a wheelchair hoist or ramp;
- be used primarily for the transportation of persons with disabilities who must use a wheelchair; and
- not be a commercial passenger vehicle such as a taxi or small charter vehicle.

Note: Vehicle modification permit to be attached to application (if applicable).

APPLICANT DETAILS

FAMILY NAME

FIRST NAME/S

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL)

SUBURB

STATE

RECEIVING OFFICER

EMAIL ADDRESS

VEHICLE DETAILS

PLATE NUMBER

YEAR

VEHICLE MAKE

MODIFICATION NUMBER

VIN/CHASSIS NUMBER

SECOND STAGE MANUFACTURER COMPLIANCE PLATE NUMBER

Conditions for modified vehicles fitted with a wheelchair hoist, ramp or a removable wheelchair hoist

Code	Description
001	Licence to be carried in vehicle at all times
004	This licence is not transferable without prior approval of Department of Transport, Driver and Vehicle Services
209	Vehicle fitted with approved wheelchair hoist or ramp
143	Upon resale or where vehicle is no longer used for its modified purpose, vehicle must be returned to manufacturer's specifications.

Conditions wheelchair hoist or ramp fitted with a SSM compliance plate

Code	Description
004	This licence is not transferable without prior approval of Department of Transport, Driver and Vehicle Services
209	Vehicle fitted with approved wheelchair hoist or ramp

Note: If the vehicle is used on a road contrary to the conditions above, the vehicle licence will be deemed invalid under section 7(4) of the *Road Traffic (Vehicles) Act 2012*. Motor Injury Insurance will not apply and penalties may be incurred.

DECLARATION

I sincerely declare that the vehicle to which this concession applies, will be used **primarily for the transportation of persons with disabilities who must use a wheelchair**. I acknowledge that the vehicle may be subject to licence conditions and that during the currency of the licence, all conditions will be adhered to. I further undertake to notify the Department of Transport and Major Infrastructure of any change in the use of this vehicle.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material matter. This declaration is made under *Oaths, Affidavits and Statutory Declarations Act 2005*.

DECLARED AT

DATE

SIGNATURE OF DECLARANT

See section below for who can witness a statutory declaration.

IN THE PRESENCE OF:

FAMILY NAME

FIRST NAME/S

OCCUPATION

SIGNATURE

DATE

IMPORTANT INFORMATION

This declaration must be made before any of the following persons:

- Academic (post-secondary institution)
- Accountant
- Architect
- Australian Consular Officer
- Australian Diplomatic Officer
- Bailiff
- Bank Manager
- Chartered Secretary
- Chemist
- Chiropractor
- Company Auditor or Liquidator
- Court Officer (Judge, Magistrate, Registrar or Clerk)
- Defence Force Officer (Commissioned, Warrant or NCO with 5 years continuous service)
- Dentist
- Doctor
- Electorate Officer or a Member of State Parliament
- Engineer
- Industrial Organisation Secretary
- Insurance Broker
- Justice of the Peace
- Landgate Officer
- Lawyer
- Local Government CEO or Deputy CEO
- Local Government Councillor
- Loss Adjuster
- Marriage Celebrant
- Member of Parliament (State or Commonwealth)
- Minister of Religion
- Nurse
- Optometrist
- Patent Attorney
- Physiotherapist
- Podiatrist
- Police Officer
- Post Office Manager
- Psychologist
- Public Notary
- Public Servant (State or Commonwealth)
- Real Estate Agent
- Settlement Agent
- Sheriff or Deputy Sheriff
- Surveyor
- Teacher
- Tribunal Officer
- Veterinary Surgeon

or, any person before whom, under the Statutory Declarations Act 1959 of the Commonwealth, a statutory declaration may be made.

APPLICANT DETAILS

RECEIVING OFFICER

SIGNATURE

SITE

DATE

Completed application and copy of modification permit forwarded to Concessions

Conditions loaded and vehicle licensed with insurance class 1A or 2