

Survey of Motor Vehicle Use

1 August 2010

BUS-1

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 (excluding
mobile phones)

Facsimile

1300 303 813

Mail

Reply Paid 76746
Sydney NSW 2000

Brian Pink
Australian Statistician

Person we should contact if any queries arise regarding this form

Name		Telephone Number									
Signature		Mobile Number									
		Date		/		/					

Please read this first

- **Important:** This form will be read using electronic equipment.
- Use **only black ball point pen** when completing this form.
- Keep each number, letter or tick within the data entry boxes provided, for example

			2	8	5	or	<input checked="" type="checkbox"/>
--	--	--	---	---	---	----	-------------------------------------
- Please use BLOCK letters within data entry boxes, for example
Registration number

A	S	D		3	6	7
---	---	---	--	---	---	---
- Leave answer boxes blank where you have no response or data to enter.
- Do not use 'nil', 'n/a' or draw a line in the data entry boxes.
- If a mistake is made, cross out the incorrect answer and either write the answer in the remaining boxes or if not enough space is left, write next to the relevant item.
- You will need to report an estimate of time taken when you have completed this form.
- 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

Registration number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
State/territory of registration	<table border="1"><tr><td></td><td></td><td></td></tr></table>																		
Year of manufacture	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>																		
Make	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
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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

Name	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																							
Address	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																							
Town/city	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			Postcode <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				

3 What is the vehicle type?



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

Tick one box

☐


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 August 2010?

Yes ☐  Go to **Q9**
 No ☐

6 Why did you cease to be the registered owner?

Vehicle was:

Tick one box

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 **Q17**

Manual ☐

Automatic ☐

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

Yes ☐

No ☐

Tick one box

Petrol	<input type="text"/>
Diesel	<input type="text"/>
L.P.G. (Liquefied Petroleum Gas)	<input type="text"/>
C.N.G. (Compressed Natural Gas)	<input type="text"/>
Dual Fuel (e.g. Petrol and L.P.G.)	<input type="text"/>
Hybrid – petrol/electric	<input type="text"/>
Other (please specify)	<input type="text"/>

[illegible]

- 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

Yes ☐



or

	/	/
--	---	---

No ☐



18 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

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

Sample Only