

Survey of Motor Vehicle Use 1 July 2011

	In correspondence, please quote this number	\blacksquare	
			Vehicle Registration detail
Please			Rego:
errors on			Year:
this label in Question 2.			Make:
Question 2.			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

Please read this first

- Important: This form will be read using electronic Do not use 'nil', 'n/a' or draw a line in the data entry equipment. • Use **only black ball point pen** when completing this • If a mistake is made, cross out the incorrect answer • Keep each number, letter or tick within the data entry boxes provided, for example 2 8 5 or • Please use BLOCK letters within data entry boxes, for example
- Leave answer boxes blank where you have no response or data to enter.

ASD

3 6 7

Registration

number

- boxes.
- and either write the answer in the remaining boxes or if not enough space is left, write next to the relevant
- 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.

	Are the vehicle details printed beside the address label on the front of this form correct?
	Yes Go to Question 2
	No Please provide correct details below
	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 Question 3
	No Please provide correct details below
	Name
	Address
	Town/city Postcode

Light truck or van Gross Vehicle Mass (GVM)

3 What is the vehicle type?

	over 3.5 tonne up to 4.5 tonne
Tick one box	
Car, hatchback or station wagon	Rigid truck Gross Vehicle Mass (GVM) more than
Passenger van or minibus with fewer than 10 seats	4.5 tonne 2 axle 3 axle
Goods carrying van Gross Vehicle Mass (GVM) up to 3.5 tonne	Prime mover (Report prime movers
Four wheel drive (4WD) passenger vehicle with fewer than 10 seats	converted to rigid trucks as rigid trucks) 2 axle
Four wheel drive (4WD) (load carrying)	4 axle
Gross Vehicle Mass (GVM) up to 3.5 tonne	Tow truck (Report tilt tray tow trucks as rigid trucks)
Utility (single or dual cab)	Fire truck/engine (Exclude multi-purpose spray trucks)
Gross Vehicle Mass (GVM) up to 3.5 tonne	Truck with permanently mounted machinery occupying most of the load area e.g. mobile crane, cherry picker
	Ambulance
Panel van	Other (please specify)

4 Were you the reg	gistered owner of this vehicle at 1 July 2011?	
		Yes Go to Question 8
		No .
5 Why did you cea	se to be the registered owner?	
Vehicle w	vas:	Tick one box
	Sold	
	Returned to lessor	
	Deregistered	
	Other (please specify)	
6 On what date di	d you cease to be the registered owner?	
7 Please supply th	e name and address of the new owner	
	Name	
	Address	
	Postcode	
	Telephone No.	
	Go to (Question 14

5

11	Is the vehicle's odometer (the distance recording part of the s in working order?	-	meter)		
		Yes No		Go to Question	on 14
12	Please record the vehicle's exact odometer reading				
	 Note Report the exact odometer reading e.g. report as 239033 and not 239000. Report to the nearest kilometre or mile e.g. report as 239033 and not 239033.5. Report the odometer reading as close to 1 July 2011 as possible. Ensure that you keep a record of this reading for use in completing the second form. Hubometer readings are acceptable. 		,	or	km
13	On what date did you make this odometer reading? \dots	[innes
14	Does the registered owner of this vehicle have an ABN?				
	No _				
	Yes Please provide ABN below				

FV-1

Comments and time taken

1	5	Please	nrovide	commen	te
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on any information vay have symplical on this forms (a.g. related to
 on any information you have supplied on this form (e.g. related to unusual movements or other factors) (Please use BLOCK letters)
 on any difficulties you had providing the requested information, or suggested improvements to this form (Please use BLOCK letters)
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
obtaining the information • The time spent by all employees in collecting and providing this information
Please check that you have:
• filled in your odometer reading (if applicable) in Question 12; and

• dated the reading in Question 13.

Thank you for completing this form

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