



# Request for Relocation of Motor Vehicles, Motor Bikes, Boats, Caravans, Trailers, etc. for Defence Personnel

Please read Toll Transitions Defence Relocation Guide to help you plan for your removal.

Please call us if you need assistance on **1800 819 167**

## Section 1 Defence Personnel to Complete (All boxes must be completed)

First Name:  Last Name:

Rank:  Employee ID  Posting WEF Date:  /  /

**Who should we contact to keep you informed throughout your removal?** Please call us if contact details change.

Name:  Mobile:  Home Phone:

Work Phone:  Email Address:

**Uplift Address** (Address moving from)

Street:  Suburb:

City:  State:  Postcode:

**OR** if the vehicle is to be taken to the Depot, indicate which city/town:

**Contact at Uplift** (if different from above) Name:

Home Phone:  Work:  Mobile:

**Requested Dates** Uplift Date:  /  /  Delivery Date:  /  /

**Delivery Address** (Address moving to)

Street:  Suburb:

City:  State:  Postcode:

**OR** if the vehicle is to be taken to the Depot, indicate which city/town:

**Contact at Delivery** (if different from above) Name:

Home Phone:  Work:  Mobile:

**Vehicle Type**

Year of Manufacture:  Make:  Model:  Colour:

Registration No.:  Value: \$  If motor cycle, cc capacity:

If vehicle type is a trailer, caravan, boat give dimensions including trailer (L x W x H):

Other details, i.e. fibreglass/aluminium:

Is the vehicle registered?  Yes  No (Insurance will not apply)

Is the vehicle drivable?  Yes  No

Is the vehicle towable?  Yes  No

**NOTE: Please ensure no personal items are left in the vehicles.**

**Important: Please read**

**I agree with the Terms and Conditions in Toll Transitions Defence Relocation Guide under which my removal will be arranged. This includes the information pertaining to Removal of Motor Vehicles information contained in the Toll Transitions Defence Relocation Guide.**

Print name  Customer's signature  Dated:  /  /

## Section 2 Toll Transitions to Complete

Date received from Defence Personnel:  /  /

Contact Name:  Client Organisation Code:

Internal Order No.:  RSC Patch I.D.:  Reason Code:

Work Phone:  Mobile:  Fax Number:

Email Address:  Discharge/Separation Date:  /  /

Authorising Officer:

Signature:  Dated:  /  /