



Identification (ID) number request for Pre 1989 Trailer

IMPORTANT

- This form should only be completed if the trailer has never had an ID number.
 - **Please provide the below with the completed application form:**
 - Clear photos of all four sides of the trailer and draw bar.
 - Documented evidence of the vehicle's origin (ie proof the vehicle was constructed prior to 1989).
- Note:** More information on acceptable proof of entitlement documents can be found on the Roads and Maritime website.

Trailer ID number confirmation

Trailer ID number issued

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AIS STATION PLEASE NOTE - For the issued number to stay valid, issued trailer numbers **MUST** be stamped and this form signed, dated and **EMAILED BACK WITHIN 14 DAYS**. Otherwise, sign and date this form below and email back requesting the TR number be **CANCELLED** at 14 days.

I confirm that the above Trailer ID number has been stamped and complies with location and format requirements.

Examiner's / RMS staff signature

Date

day	/	month	/	year
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**Send this confirmation of stamping to RMS Vehicle Identification Unit and retain this document for audit purposes.
Email: TR@rms.nsw.gov.au**

1. Applicant's details *(to be completed by applicant)*

Name and address

Postcode

Applicant's customer / licence number

Contact telephone number

Email address

2. Trailer details

Full description of trailer *(eg box, boat)*

Year of manufacture

3. Customer declaration

**Please read carefully before you sign.
If you do not tell the truth you can be prosecuted.**

I declare that the trailer described above has never had an identifier and that the information supplied on the year of manufacture is true and correct.

Signature

Date

day	/	month	/	year
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4. Inspection station accreditation details

(to be completed by AUVIS examiner/authorised RMS staff)

AUVIS Station / Registry name and address

Postcode

Station / Registry number

Examiner's RMS staff number

Name of examiner *(please print)*

Telephone number

Email address

5. AUVIS examiner declaration

**Please read carefully before you sign.
If you do not tell the truth you can be prosecuted or
subject to disciplinary action regarding your accreditation.**

I have verified the applicant's details and confirm the information provided in this application is true and correct.

Name of Authorised Examiner *(please print)*

Signature

Date

day	/	month	/	year
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On completion send to RMS Vehicle Identification Unit
Email: TR@rms.nsw.gov.au

Confidentiality Notice for Recipients External to Roads & Maritime Services (RMS)

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