



Commissioner of State Revenue

State Revenue Office

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DUTIES ACT 2001 – SECTION 205(2)
APPLICATION FOR A MOTOR DEALER'S EXEMPTION CERTIFICATE

*Note: A non-refundable application fee of \$556.16 must accompany this application.
Applications will not be processed until the fee is paid in full.
Payment must be made by cheque payable to the Commissioner of State Revenue.*

1. **Name of Applicant(s)** (sole trader, partnership or company):

2. **Trading Name of Business** (if different to above):

3. **Australian Business Number (ABN)**

4. **Postal Address for Correspondence:**

Postcode: _____

5. **Contact Person:**

Name: _____

Phone(BH): () _____ Mobile: _____

Phone(AH): () _____ Fax: _____

Email: _____

6. **Are you, or do you intend to be, engaged in the business of trading in motor vehicles on a continuous basis?** Yes No

7. **Are you prohibited from dealing in second-hand goods under the provisions of the *Second-hand Dealers and Pawnbrokers Act 1994*?** Yes No

8. **Are you applying for this certificate on behalf of another person / entity?** Yes No
If yes, please advise name and address of that person / entity.

Name: _____

Address: _____

Postcode: _____

9. **Have you obtained all necessary approvals from the relevant council(s) for use of your business premises as a place to sell motor vehicles?** Yes No
(if yes, please attach a copy of the notice)

10. **Address of Premises:**

_____	Postcode: _____
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11. **Are these premises shared with other dealers?** Yes No
If yes, what is the business name(s) of the other dealer(s) sharing the premises?

12. **Have you registered your Business Name/Company with the Business Affairs Office or the Australian Securities and Investment Commission (ASIC)?** Yes No
(if yes, please provide a copy of the certificate)

13. **Is income derived from the sale of motor vehicles declared for the purpose of income tax?** Yes No

14. **Does the business involve the sale of:** New Vehicles? Used Vehicles?

15. **Which of the following vehicle types will you be dealing in?**

Cars Trucks Trailers Caravans
Machinery Buses Motor Cycles Other

If "other" please detail type of vehicles

16. **What is the anticipated total value of vehicles to be sold in the next twelve months?**

\$ _____

17. **Will you be providing finance to purchasers?** Yes No

If yes, will finance be provided in your own right or through a financial institution?

If finance is being arranged through a financial institution, please provide the name, address and contact number of the institution.

Name: _____

Address: _____

_____	Postcode: _____
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Phone: _____

Signature: _____
(Applicant)

Date: _____ / _____ / _____