



# Motorised Wheelchair Statement - Individual

Transport Operations (Road Use Management) Act 1995

**Privacy Statement:** The Department of Transport and Main Roads is collecting the information on this form for the purposes of maintaining the department's vehicle registration register, as required under the *Transport Operations (Road Use Management) Act*. Where required, the department or its agents/contractors may give some or all of this information to vehicle insurers, statutory entities, insolvency entities, lawyers, persons involved in vehicle incidents/accidents, vehicle manufacturers, third parties who are involved in or intend to commence various legal proceedings, tolling entities, law enforcement agencies and to or through interstate registering authorities. Your personal information will not be disclosed to any other third party without your consent, unless authorised or required to do so by law.

Page one of this form should be used if you are registering a motorised wheelchair in your own name.

## Personal Details

Family name (please print)

Given name/s

Residential address

Postcode

## Motorised Wheelchair Details

Serial number

Make

## Personal Statement

The motorised wheelchair will be used by myself as the registered operator, and I:

- will abide by the Queensland Road Rules, including the requirement that the motorised wheelchair is not capable of travelling more than 10km per hour on level ground.
- as the person in control of the motorised wheelchair, am capable of safely operating the motorised wheelchair.
- acknowledge that if I allow the motorised wheelchair to be used by another person:
  - they are aware of the Queensland Road Rules relating to the use of a motorised wheelchair.
  - that the person controlling the motorised wheelchair is capable of operating the motorised wheelchair.

The information provided by myself in this statement is complete, true and correct in every detail.

Signature

Date

It is an offence to give false or misleading information under the *Transport Operations (Road Use Management) Act*. Maximum penalty may exceed \$7000.

## Office Use Only

Authorising officer's signature

Date



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Page two of this form should be used if you are registering a motorised wheelchair in the name of an organisation or on behalf of a person who requires a motorised wheelchair but cannot operate the motorised wheelchair due to their condition.

## Organisation/Carer Details

Organisation/carers name (please print)

Business address

  

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Postcode

## Motorised Wheelchair Details

Serial number

Make

## Statement

- The person in control of the motorised wheelchair is capable of safely operating the motorised wheelchair.
- Residents, shoppers, hirers or students will be made aware of the Queensland Road Rules relating to use of a motorised wheelchair, including the requirement that the motorised wheelchair is not capable of travelling more than 10km per hour on level ground.
- The information provided by myself in this statement is complete, true and correct in every detail.

Organisation representative's/carers signature

Date

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Authorising officer's signature

Date