



Application for Licensing a Motor Vehicle

THIS FORM SHOULD BE COMPLETED BY OWNER OF A VEHICLE
ALL FIELDS MUST BE COMPLETED IN BLOCK LETTERS

| | |
|--|--|
| What is your Vehicle Licence Plate Number? | |
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Vehicle Insurance Details

| | | | |
|----------------------|--|-----------------------|--|
| 1. Insurance Company | | | |
| 1a. Policy Number | | 1b. Policy Start Date | |

Vehicle Inspection Details

| | | | |
|---------------------|--|------------------------|--|
| 2a. Inspection Date | | 2b. Inspected By: | |
| 2c. Inspected At | | 2d. Certificate Number | |

| | | |
|--|---|---|
| 3. What vehicle class is the vehicle? <small>This should be noted on the vehicle inspection certificate</small> <small>Select one category only</small> | <input type="checkbox"/> Motor Cycle (up to 250cc) | <input type="checkbox"/> Motor Cycle (over 250cc) |
| | <input type="checkbox"/> Private Motor Car (up to 2000cc) | <input type="checkbox"/> Private Motor Car (over 2000cc) |
| | <input type="checkbox"/> Motor Tractor | |
| | <input type="checkbox"/> Light Goods Vehicle (up to 3.5 tons unladen) | <input type="checkbox"/> Light Goods Vehicle (3.5 – 7.5 tons unladen) |
| | <input type="checkbox"/> Heavy Goods Vehicle (over 7.5 tons unladen) | <input type="checkbox"/> Heavy Goods Vehicle (tracked) |
| | <input type="checkbox"/> Light Public Service Vehicle (light buses; 13-26 seats) | <input type="checkbox"/> Light Public Service Vehicle (light buses; up to 12 seats) |
| | <input type="checkbox"/> Light Public Service Vehicle (taxis) | <input type="checkbox"/> Light Public Service Vehicle (rental) |
| | <input type="checkbox"/> Heavy Public Service Vehicle (buses; more than 26 seats) | |
| <input type="checkbox"/> Invalid Carriages | | |

Declaration

I, _____ declare that the information shown in this form is true and accurate in every respect.

.....
Signature of Applicant

.....
Date

For Office Use Only:

| | |
|-------------------------|-------------------------------|
| A. System Vehicle Class | B. Vehicle Licence Start Date |
|-------------------------|-------------------------------|