



**Ministry of Works and Transport
Transport Division**

APPLICATION FOR CERTIFIED COPY OF VEHICLE REGISTRATION CERTIFICATE

Motor Vehicles and Road Traffic Act, Chap. 48:50

Name of Applicant (Surname, First name, Middle name)

Registration No. of Vehicle

Address 1 of Applicant (Street)

Telephone No. of Applicant

Address 2 of Applicant (City)

E-Mail Address of Applicant

Name of Current Owner (Surname, First name, Middle name)

Applicant I.D. / D.P. / Passport No.

Applicant's Reasons for requesting this document

Are you aware of any transactions listed hereunder being done with respect to this vehicle within the past three (3) months?

Yes No

Date of Transaction

(DD/MM/YYYY)

First Time Application Duplicate request

If yes, please indicate at which location this Transaction took place :-

	Caroni	Port of Spain	San Fernando	Tobago	Point Fortin	Princes Town	Arima	Guaico
Change of Ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Colour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Engine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reclassification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Chassis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I, _____, declare that the information provided above is true and correct.

Signature of Applicant

Date (DD/MM/YYYY)