



Government of the Republic of Trinidad and Tobago
**FORM OF PARTICULARS TO BE GIVEN BY APPLICANT
FOR REGISTRATION OF MOTOR VEHICLE**
Motor Vehicles and Road Traffic Act, Chap. 48:50

Please print information in BLOCK LETTERS

1. Applicant Name: _____
(Surname, First name, Middle name)

Company Name: _____ **Company/Business Reg. No.:** _____

2. Date of Birth: _____ (DD/MM/YYYY) **Nationality:** _____

I.D. / **D.P.** / **Passport No.** : _____ **Sex: Male** / **Female**

3. Contact Information:

Address (Street): _____

Address (City): _____

Mailing Address (if different from above)

Address (Street): _____

Address (City): _____

Telephone: (_____) - _____ Email: _____

4. Description of Motor Vehicle:

(a) Chassis No. / VIN: _____

(b) Left Hand Drive? Yes / No **(c)** Make: _____ **(d)** Model: _____

(e) Color: _____ **(f)** Year of manufacture: _____

(g) Body Type:

- | | | | |
|--------------------------------------|----------------------------------------|------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Sedan | <input type="checkbox"/> Hatchback | <input type="checkbox"/> Station Wagon |
| <input type="checkbox"/> Minivan | <input type="checkbox"/> SUV | <input type="checkbox"/> Panel Van | <input type="checkbox"/> Glass Van |
| <input type="checkbox"/> Window Van | <input type="checkbox"/> Pickup Truck | <input type="checkbox"/> Truck | <input type="checkbox"/> Tow Truck |
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Motor Ombinus | <input type="checkbox"/> Trailer | <input type="checkbox"/> Freight Passenger Vehicle |
| <input type="checkbox"/> Other _____ | | | |

(h) Country of Origin: _____ **(i)** Mileage: _____ Km / Miles

(j) Maximum Seating: _____ **(k)** Seating to the left/right of driver: _____ **(l)** No. of Doors: _____

(m) Weight (Tare): _____ k.g. **(n)** M.G.W.: _____ k.g. **(o)** Brakes: HYD / Air / Other

(p) Length x Width: _____ **(q)** No. of Wheels: _____ **(r)** No. Standing Persons (Buses Only): _____

Additional information: _____

5. Engine and Transmission Details:

Engine Number: _____ Engine size: _____ cc

Number of Cylinders: _____ Horsepower: _____ New / Used / Rebuilt

Transmission: Automatic / Manual

Fuel: Gas / Diesel / Hybrid / Electric / Other _____

6. Insurance Details:

Insurance Company Name: _____
Certificate/Policy No. _____ Date _____ (DD/MM/YYYY)
Effective Date _____ (DD/MM/YYYY) Expiry Date _____ (DD/MM/YYYY)

7. Intended Use -

- (a) Private Motor Car (b) Hiring car or Taxi (c) Motor omnibus
 (d) Motor lorry (e) Goods vehicle (f) Freight Passenger vehicle
 (g) Motorcycle (h) Trailer (i) Tractor
 (j) Other: _____

8. Particulars as to the position on the car in which it is proposed to place the plates forming the identification mark:

Declaration of Applicant:

I _____, declare that the information provided is true and correct and hereby apply for the registration of the vehicle specified above.

Signature of Applicant

Date (DD/MM/YYYY)

N.B: (1) It is an offence under **section 94 of the Motor Vehicles and Road Traffic Act, Chap. 48:50** to give any particulars which are false or incorrect and you will be liable to prosecution if you do so.

(2) Application must be supported by documents as proof of address such as a recent Utility Bill or in the case of a rental, a copy of the Lease/Rental Agreement for the rental premises identified and bearing the name of the Applicant. If the utility bill or Lease/Rental Agreement is not in the Applicant's name, a letter from the owner confirming the Applicant's residence and copy of the owner's national identification (ID) MUST be submitted.

(3) If Applicant is a Company, the application must be supported by Company validation documents such as a copy of the company/business registration certificates and/or Notice of Directors.



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