



**Ministry of Transport and Civil Aviation
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
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Change of Ownership	<input type="checkbox"/>							
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Change of Colour	<input type="checkbox"/>							
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Change of Engine	<input type="checkbox"/>							
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Reclassification	<input type="checkbox"/>							
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Change of Chassis	<input type="checkbox"/>							
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Change of Name	<input type="checkbox"/>							
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Change of Address	<input type="checkbox"/>							
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I, _____, declare that the information provided above is true and correct.

Signature of Applicant

Date (DD/MM/YYYY)