



**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)

Address 1 of Applicant (Street)

Address 2 of Applicant (City)

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

Registration No. of Vehicle

Telephone No. of Applicant

E-Mail Address of Applicant

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)