



Government of the Republic of Trinidad and Tobago
APPLICATION FOR DEALER'S GENERAL LICENCE
 Motor Vehicles and Road Traffic Act, Chap. 48:50
 Sections 34-40 and Regulation 11

Please print information in BLOCK LETTERS

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

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

2. I.D. / D.P. / Passport No. Telephone Number: () -

3. Address (Street)

Address (City)

4. Email Address:

5. Nature of business: _____
(Dealer, Manufacturer or Repairer)

Business Address (Street)

Address (City)

6. Number of general identification marks required:

7. Insurance Details –

(a) Name of Insurance Company:

(b) Terms of Insurance Certificate/Policy:

(c) Insurance Certificate/Policy No: _____

(d) Expiration date of Insurance Certificate/Policy: (DD/MM/YYYY)

Declaration of Applicant:

I, _____, declare that the information provided above is true and correct and hereby apply for a Dealer's General Licence.

Signature _____ 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 not correct and you will be liable to prosecution if you do so.

(2) All applications 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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