



Government of the Republic of Trinidad and Tobago

APPLICATION FOR TRANSFER OF VEHICLE REGISTRATION

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

SECTION 19(1)(b), (2), (3) and (4)

Warning: You must submit this form within seven (7) days of the vehicle's change in possession or acquisition, together with the relevant documentation. Penalties may apply if you do not comply.

Please print information in BLOCK LETTERS

Vehicle Registration No. _____ Chassis No. (VIN) _____

Make, Model and Colour of Motor Vehicle _____

Engine Number _____ Year of Manufacture _____

Registered Owner(s) _____
(Surname, First name, Middle name) (Company Name and Registration No.)

Address (Street) _____

Address (City) _____ Telephone () - _____

Email Address _____ Applicable Transfer Fee \$ _____

TO: THE LICENSING AUTHORITY,

I, _____ holder of I.D. ☐ / D.P. ☐ / Passport No. ☐ _____

and as registered owner of the motor vehicle specified above, wish to inform that on _____
(DD/MM/YYYY)

I sold/transferred possession of the motor vehicle to:

New Owner(s) _____
(Surname, First name, Middle name) (Company Name and Registration No.)

Address (Street) _____

Address (City) _____

Mailing Address (if different from above) (Street) _____

Address (City) _____

I.D. ☐ / D.P. ☐ / Passport No. ☐ _____ Telephone () - _____

Email _____

Herewith applicable fee in accordance with the First Schedule, Fees and Duties.

Insurance Details

The motor vehicle, vehicle registration no. _____ is insured with

Insurance Company Name _____

Name of Policyholder _____

Certificate/Policy No. _____ Issue Date _____ (DD/MM/YYYY)

Effective Date _____ (DD/MM/YYYY) Expiry Date _____ (DD/MM/YYYY)

☐ The certificate/policy insurance has been transferred to the new owner:

Signature of New Owner _____

Insurance Company Name _____

Certificate/Policy No. _____ Issue Date _____ (DD/MM/YYYY)

Effective Date _____ (DD/MM/YYYY) Expiry Date _____ (DD/MM/YYYY)

☐ The certificate/insurance policy has been transferred to motor vehicle no. _____ which is owned by me and registered in my name.

☐ The insurance policy has been canceled.

☐ Any other condition affecting insurance

Registered Owner Declaration:

I _____, as registered owner of the motor vehicle specified above, declare that the information provided is true and correct.

Signature of Registered Owner _____ Date _____ (DD/MM/YYYY)

New Owner Declaration:

I _____, as new owner, declare that the information provided is true and correct and hereby apply to transfer the motor vehicle into my name.

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) 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 the 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.

