



**THE ROAD TRAFFIC ACT
APPLICATION FOR MOTOR VEHICLE TRANSACTION(S)**



▶ **PLEASE SEE OVERLEAF FOR INSTRUCTIONS BEFORE COMPLETING THIS FORM**

SECTION A - TRANSACTION(S)

1. Transaction(s) Required:

<input type="checkbox"/> Modification to Vehicle/Amendments to Particulars	<input type="checkbox"/> Personalized Registration Plates	<input type="checkbox"/> Certificate of Title
<input type="checkbox"/> Registration and Licensing of Vehicle Not Previously Registered in Jamaica		<input type="checkbox"/> New Registration Plates
		<input type="checkbox"/> Transfer of Ownership

SECTION B - VEHICLE

2. Motor Vehicle ID Number	3. Type of Vehicle	4. Make	5. Year	6. Colour
7. Chassis Number		8. Engine Number		
9. Certificate of Fitness Number: Issue Date: Expiry Date:		10. Weight: Laden KG Unladen KG	11. Fuel: <input type="checkbox"/> Petrol <input type="checkbox"/> Other <input type="checkbox"/> Diesel	
12. Type of Body	13. Special Permit	14. Model/Manufacturing Type	15. Seating	16. CC Rating

SECTION C - ACQUISITION

17. Source of Acquisition: <input type="checkbox"/> Purchase <input type="checkbox"/> Gift	18. Date Acquired	19. Previous Certificate of Title Number	20. Vehicle Status <input type="checkbox"/> New <input type="checkbox"/> Used
21. Import Entry Number	22. Date of Entry	23. Import Licence Number	24. Date of Licence

SECTION D - LIEN HOLDER(S)

25. 1st Lien-holder's Name	26. 2nd Lien-holder's Name		
27. Lien-holder's Address	28. Lien-holder's Address		
29. Lien Amount	30. Date of Lien	31. Lien Amount	32. Date of Lien

SECTION E - OWNER(S)

33. Owner's TRN	34. Date of Birth Year Month Day	35. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	36. Owner's TRN	37. Date of Birth Year Month Day	38. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
39. Owner's Name			40. Owner's Name		
41. Owner's Address			42. Owner's Address		
43. Owner's Name at Birth (if different from Box 39)			44. Owner's Name at Birth (if different from Box 40)		
45. Insurers					

SECTION F - REGISTRATION PLATES

46. Do you require new registration plates? _____ ▶ Yes No If no, state Plate No. _____

If yes, state Plate Type Requested _____ ▶ Private PPV CC Personalized

47. If Personalized Plates are required, state choice in order of preference:

1st Choice: [] [] [] [] [] [] [] [] [] [] 2nd Choice: [] [] [] [] [] [] [] [] [] [] 3rd Choice: [] [] [] [] [] [] [] [] [] []

SECTION G - DECLARATION

48. I/We declare that I am/we are the Registered Owner(s) of the Vehicle described above and that the information given in this form is to the best of my/our knowledge and belief a true and correct statement.

Owner's Signature: _____ Owner's Signature: _____
(If a company, state Authorised Signatory's title below) (If a company, state Authorised Signatory's title below)

Title: _____ Date: _____ Title: _____ Date: _____

▶ **WARNING: An Applicant who makes a false statement is guilty of an Offence under the Road Traffic Act.**

INSTRUCTIONS

1. This form is to be completed in blue or black ink and signed by the Applicant. Please type or use BLOCK LETTERS.
2. At Sections A, B, C, E & F, please tick appropriate box(es).
3. This form **MUST** be accompanied by:
 - A valid insurance (Certificate or Cover Note **NOT** the insurance policy)
 - Proof of Ownership
 - A Valid Certificate of Fitness
 - The prescribed Fees and Taxes
 - Identification [Driver's Licence, Passport or Elector Registration (Voter) ID Card]
4. New Registration **MUST** be accompanied by:
 - Entry and Invoice (If purchased from a local dealer)
 - Entry and Import Licence (If imported directly)
5. In completing Section F, Item 47, Applicants should show three (3) choices for the required Plates, in order of preference, and should limit each choice to six (6) letters or combination of letters and numerals.
 - * Personalized Individual Registration Plates shall consist of two (2) types of plates as follows:
 - (a) A plate imprinted with capital letters only. Such plates shall consist of capital letters "A" through to "Z" and shall be limited to a total of six (6) of the same or different capital letters. A hyphen or space may be added to the six (6) letters, e.g. CINDY-L or CINDY L.
 - (b) A plate may be imprinted with both capital letters and numerals, which must not consist of more than six (6) characters total, including both numerals and capital letters in any combination such as - DOC 123 or 123 DOC. A hyphen or space may be used in addition to the six (6) characters if desired, for example, DOC - 123, JOE - DOE or DON B12.
 - (c) Choices are dependent on availability. Strict **NO** profanity will be considered
 - * Personalized Organization Registration Plates bearing names of organizations may be imprinted with both capital letters and numerals not exceeding a total of twelve (12) digits. A hyphen may be used, only if it is part of the organization's name.
6. In completing Section G, if the Owner is a business or company, the Company Stamp must be used; a letter of authorization should accompany the form; and the title of the Authorized Signatory stated.

FOR OFFICIAL USE ONLY

Owner's (Box 39) ID Presented - Description: <input type="checkbox"/> Driver's Licence (<i>Jamaican/Other</i>) <input type="checkbox"/> Passport (<i>Jamaican/Other</i>) <input type="checkbox"/> Elector Registration (<i>Jamaican/Other</i>) If Other, Specify: _____	Owner's (Box 40) ID Presented - Description: <input type="checkbox"/> Driver's Licence (<i>Jamaican/Other</i>) <input type="checkbox"/> Passport (<i>Jamaican/Other</i>) <input type="checkbox"/> Elector Registration (<i>Jamaican/Other</i>) If Other, Specify: _____	Accepted - <input type="checkbox"/> Yes <input type="checkbox"/> No Substitute - <input type="checkbox"/> Yes <input type="checkbox"/> No	Endorsement
ID Number	Expiry Date	ID Number	Expiry Date
Last M/V Registration Certificate No.	Expiry Date	Fee Paid	Previous Plate Number
LA		\$	
Information Officer's Name	Information Officer's Signature		Date
New/Personalized Registration Plate No.	Type of Plate Issued		Date Issued
	Fee Paid		Receipt No.
New M/V Registration Certificate No.	Arrears Collected		Receipt No.
	2nd Sales Tax Paid		Receipt No.
New Certificate of Title No.	Date Issued		Fee Paid
	Receipt No.		Date
Transfer Fee Paid	Date of Transfer		Receipt No.
\$			
Issuing Officer's Name	Issuing Officer's Signature		Issuing Office
			Date

Licencing Authority Stamp