



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.



Delete  
Clauses not  
applicable