



FIRST SCHEDULE

Form 1A

[Regulation 5(1) to (4)]

GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO

APPLICATION TO BE REGISTERED AS OWNER OF A MAXI-TAXI

N.B. - It is an offence under the statutory Declarations Act, Chap. 7:04 to give any particulars which are false or in any material respect misleading and you will be liable to prosecution if you do so.

Answers MUST be typed or written in ink in block letters

A certificate of good character (Police) must accompany this application

1. Full name of applicant				2. Sex	
Surname	First Name	Middle Name	Maiden Name (if any)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
3. Place of Birth			4. Date of Birth (DD/MM/YYYY)	5. Nationality	
6. Contact Information Residential Address in Trinidad and Tobago			7. Contact Information if different from (6) Postal Address		
Street			Street		
City			City		
Email			Email		
Phone () -			Phone () -		
8. Are you the holder of a driving permit issued in Trinidad and Tobago? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes" state number and date of issue		Number		Date (DD/MM/YYYY)	
I.D. Number:			Passport Number:		
9. What class of permit do you currently hold? <input type="checkbox"/> Light Motor Vehicle <input type="checkbox"/> Heavy Motor Vehicle <input type="checkbox"/> Other					
10. Are you the owner of any other maxi-taxi(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "yes" state registration number(s)					
11. Present Occupation					
12. What class of vehicle do you intend to own? <input type="checkbox"/> Light Motor Vehicle <input type="checkbox"/> Heavy Motor Vehicle					
13. Tick (<input type="checkbox"/>) box next to the route area in which maxi taxi is to be operated:					
Route Area No. 1 <input type="checkbox"/>		Route Area No. 2 <input type="checkbox"/>		Route Area No. 3 <input type="checkbox"/>	
Route Area No. 4 <input type="checkbox"/>		Route Area No. 5 <input type="checkbox"/>		Route Area No. 6 <input type="checkbox"/>	
14.					
Date _____			Signature of Applicant _____		

15. **DECLARATION IN RESPECT OF APPLICATION TO BE REGISTERED AS OWNER OF A MAXI-TAXI**

I, _____

of _____

in the Republic of Trinidad and Tobago do solemnly and sincerely declare that the information given is true and according to the Statutory Declaration Act, Chap. 7:40, and I am aware that if there is any information given which is false in fact which I know or believe to be false or do not believe to be true I am liable to fine and imprisonment.

Declared at _____

this _____ day of _____ 20 _____

Commissioner of Affidavits

(OFFICIAL USE ONLY)

NOTICE TO APPLICANTS

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.

