

**APPLICATION TO REGISTER A MOTOR VEHICLE
TRAFFIC (LICENSING AND REGISTRATION) REGULATIONS**

TO THE LICENSING AUTHORITY

REGISTRATION No.: G.....

I (SURNAME OR BUSINESS NAME)

(FORENAMES)

(ADDRESS)

TELEPHONE No..... (Home).....(Office)

e-mail address

hereby apply to the Licensing authority to register a motor vehicle of which the particulars are given below:-

Class of vehicle*:

B. Date of First Registration (If Vehicle has been Previously Registered)		J. Vehicle Category	
B.1. Date of First Registration in Gibraltar		K. Type approval number (if available)	
D.1. Make		P.2. Max. net power (kw)	
D.2. Model/Type		E. Vin/Chassis/Frame No	
Variant (if available)		F.1. Max. permissible mass (exc. m/c) (if available)	
Version (if available)		G. Mass in service (if available)	
D.3. Body Type		Q. Power/weight ratio KW/kg (Motorcycles only)	
P.1. Cylinder capacity (cc)		R. Colour	
P.3. Type of fuel		[Y] Unladen Weight	
S.1. Number of seats, including driver		Previous Registration Mark	
S.2. Number of standing places(where appropriate)			

DATED THIS

DAY OF

20

Signature of applicant

* Private motor vehicle, goods vehicle, public service vehicle, motor cycle, moped, self-drive, special class.

FOR OFFICE USE

REPORT OF EXAMINER ON VEHICLE G.....

I certify that the particulars of the motor vehicle are correct and that the vehicle complies with the provisions of the Traffic Act and of the regulations made thereunder (except as follows:-)

THIS VEHICLE IS FIT TO BE REGISTERED AS A..... AND TO CARRY.....PASSENGERS (INCLUSIVE OF THE DRIVER).

DATED THIS DAY OF 20

SIGNATURE.....

Examiner

RECEIPT No.:

DISC No.:

AMOUNT PAID.:



THIS VEHICLE IS UNFIT TO BE REGISTERED BY REASON OF THE FOLLOWING DEFECTS, VIZ:

DATED THIS DAY OF 20

SIGNATURE.....

(Examiner)

THE ABOVE-MENTIONED DEFECTS HAVE NOW BEEN REMOVED TO MY SATISFACTION AND I HAVE THEREFORE THIS DAY COMPLETED THE CERTIFICATE ABOVE.

DATED THIS DAY OF 20

SIGNATURE.....

(Examiner)