

## **Vehicle Registration Reprint**

**Motor Registration Division** 

Surname	First Name	Initial(s)	Date of Birth
Street/P.O. Box	City/Town	Province	Postal Code
Licence/Master Number	Licensing Jurisdiction	Email	
Vehicle Information			
Current Licence Plate Number	Serial (Last 3 Digits) Mass (kg)	Front Axle (kg)	Vehicle Year
Make/Model Colour	Multiple Owner/Lessor		
Insurance Company	Policy Number (Must be issued t	to registered owner/Company)	
Payment Information			
		on by MAIL and paying by credit card pl	lease complete the following:
Cash (in-person only) Credit Ca		Funity (MM 000)	Fines Amount (\$)
Cheque*	der* Credit Card Number	Expiry (MM/YY)	Fines Amount (\$)
* Must be made payable to Newfoundland E	xchequer Name on Card		Total Amount (\$)
Applicant Declaration			
	mplete and correct information in this applica	ntion, and that I have a valid liabilit	y insurance policy
Signature of Applicant		Date	
Signature of Parent/Guardian (where applicable)		 Date	
Office Use Only			AMT PAID:
First Registration Transfer	Other		
New Plate			
Notes			
Notes			
Notes			

PRIVACY STATEMENT Personal information contained on this form is collected under the authority of the Highway Traffic Act (HTA) and will be used to issue a NL Driver's Licence, Photo Identification or Vehicle Registration. Section 6 of the HTA allows MRD to disclose an applicants personal information to law enforcement, select federal, provincial and municipal officials and, if necessary, to the medical section for the purpose of medical assessments related to driving requirements.. Motor registration Division (MRD) uses facial recognition technology to protect against identity theft and fraud. personal information collected by the Government of Newfoundland and Labrador is protected under the Access to Information and Protection of Privacy, 2015 (ATIPP) Act. If you have any questions about the collection or use of this information please direct inquiries to 1-877-636-6867 (Mon to Fri 8:30 a.m. to 4:00 p.m. NL time)

7.2021