

1 Applicant Information

Surname	First Name	Initial(s)	Date of Birth
Street/P.O. Box	City/Town	Province	Postal Code
Licence/Master Number	Licensing Jurisdiction	Email	

2 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 to registered owner/Company)			

3 Payment Information

If you are submitting this application by MAIL and paying by credit card please complete the following:

<input type="checkbox"/> Cash (in-person only)	<input type="checkbox"/> Credit Card			
<input type="checkbox"/> Cheque*	<input type="checkbox"/> Money Order*	Credit Card Number	Expiry (MM/YY)	Fines Amount (\$)
* Must be made payable to Newfoundland Exchequer		Name on Card		Total Amount (\$)

4 Applicant Declaration

I hereby declare that I have provided complete and correct information in this application, and that I have a valid liability insurance policy in my name (where applicable).

Signature of Applicant

Date

Signature of Parent/Guardian (where applicable)

Date

Office Use Only <input type="checkbox"/> First Registration <input type="checkbox"/> Transfer <input type="checkbox"/> Other _____ New Plate _____ Notes _____ _____ _____ _____	AMT PAID:
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