

ROAD TRAFFIC ACT

SECOND SCHEDULE

FORM

(Regulation 4(1))

APPLICATION FOR PERSONALISED IDENTIFICATION MARK

Name of Owner:

Address:

Vehicle Make: **Vehicle Model:**

Vehicle Type: **Vehicle Colour:**

Vehicle Identification Number (VIN): **Year of Manufacture:**

Vehicle Usage: private trade public service vehicle passenger freight vehicle other:

Current Vehicle Identification Mark: **Name of Insurer:**

Proposed personalised identification mark *(provide a detailed description below or attach an image of the personalised identification mark):*

Signature of Owner:

Date of application:

FOR OFFICIAL USE ONLY

Date application received:

Application approved Yes No

Received by: Reason for refusal:

Application fee included Yes No

Fee amount: \$..... Signed:
Licensing Officer

Receipt No.: Date: