



**MINISTRY OF HOME AFFAIRS
DEPARTMENT OF MOTOR VEHICLE
TURKS AND CAICOS ISLANDS**

MOTOR VEHICLE (DRIVING LICENSE) REGULATION

VEHICLE RENEWAL

VEHICLE REGISTRATION

License Plate No.

Last Name

First Name.....

Nationality Sex

Owner's Address.....

Date of Birth/...../..... Weight Heightftins
D M Y

Telephone No. E Mail Address

Company Vehicle Plate No

Name of Company

Contact Person

Telephone No. E Mail Address

License Plate Type Inspection Date

Make Model

Year Manufactured Color

Body Type Cylinder Capacity

Seating Capacity Weight of Vehicle

Chassis/Vin No.

Insurance Company

Insurance type Insurance No.

Insurance Issued On Insurance Expires on

.....
Signature of Owner/Representative Date.

FOR OFFICIAL USE ONLY

Treasury Receipt No.

Certificate of Road Worthiness No.

Inspection No.

License Category

Decal No. License Fee \$.....

Note

.....
Signature of Licensing Officer Date