

TRADE LICENCE APPLICATION

RF 700

READ NOTES OVERLEAF BEFORE COMPLETING THIS FORM

A. APPLICANT DETAILS

Garage Code

Mr, Ms, etc. First Name(s)

Surname OR Company Name

Address

Town/City

County Phone No.

VAT No./RSI No.

Premises Rateable Valuation € **OR** Planning Permission - Date Granted

Day Month Year

CONTACT PERSON

Mr, Ms, etc. First Name(s)

Surname

B. INSURANCE DETAILS

Insurance Company Name (NOT Broker)

Expiry date of Insurance Certificate under Road Traffic Act 1961, as amended

Day Month Year

C. LICENCE DETAILS

1. **Type of Application** (Please tick) See Note C1 overleaf

- (i) Application for New Licence(s) ☐
- (ii) Application for additional licence(s) ☐
- (iii) Application for replacement licence ☐

- Plate number has been:

LOST ☐ STOLEN ☐ DESTROYED ☐

2. **Number of Plate Required**
(up to a total of 6 per application form)

All Vehicles

Motor Cycles Only

TOTAL

3. **Last Licence(s) (if any) expired**

31st December (Year)

4. **New Licence(s) Commences**

1st January (Year)

OFFICE USE ONLY

CASH	€
CHQ	€
PO	€
BD	€
OTHER	€

Date Rec'd

	Plate Number	Type	Fee
1.	<input type="text"/>	<input type="text"/>	€ <input type="text"/>
2.	<input type="text"/>	<input type="text"/>	€ <input type="text"/>
3.	<input type="text"/>	<input type="text"/>	€ <input type="text"/>
4.	<input type="text"/>	<input type="text"/>	€ <input type="text"/>
5.	<input type="text"/>	<input type="text"/>	€ <input type="text"/>
6.	<input type="text"/>	<input type="text"/>	€ <input type="text"/>

Replacement Fee €

TOTAL €

INS VAT
☐ ☐
RV PP
☐ ☐

Date Issued

D. DECLARATION

I declare that (i) the particulars given on this form are correct.

(ii) I am/The Company is, a manufacturer or repairer of, or a dealer in mechanically propelled vehicles.

Signature

Date