



PORT AUTHORITY OF TRINIDAD AND TOBAGO



VEHICLE REGISTRATION FORM

Last Name			Gender – M <input type="checkbox"/> F <input type="checkbox"/>
First Name		Middle Name	
Address			
		City/Area	
Phone (Cell)		Phone (Home)	
Drivers Permit #		Issue Date:	Expiry Date:
Name of Company			
Company Registered Address			
Off. Tel #:	Fax #:	Email:	

Vehicle Reg. #	Date of Inspection (DD/MM/YY)	INSURANCE INFORMATION		
		Insurance Company Name	Policy No.	Policy Expiry Date

<p align="center">COMPANY AUTHORIZATION (If Applicable)</p> <p>Manager Signature _____</p> <p>Manager Responsible _____</p> <p>Date ____/____/____ (DD/MM/YY)</p> <p>COMPANY STAMP</p>
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<p align="center">FOR OFFICIAL USE – TO BE COMPLETED BY PORT SECURITY PERSONNEL</p> <p>Signature Of Officer _____</p> <p>Vehicle Sticker No. _____</p> <p>Date ____/____/____ (DD/MM/YY)</p>

- 1) Company letter addressed to **The Security Superintendent**
- 2) Valid Vehicle Insurance
- 3) Vehicle Certified Copy
- 4) Inspection Certificate

ALL APPLICANTS MUST PROVIDE ORIGINAL & COPIES.