



**PORT AUTHORITY OF TRINIDAD AND TOBAGO**  
**VEHICLE REGISTRATION FORM**



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

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

<b>COMPANY AUTHORIZATION</b> (If Applicable)
Manager Signature _____
Manager Responsible _____
Date ____/____/____ (DD/MM/YY)
<b>COMPANY STAMP</b>

<b>FOR OFFICIAL USE – TO BE COMPLETED BY PORT POLICE PERSONNEL</b>
Signature Of Officer _____
Vehicle Sticker No. _____
Date ____ / ____ / ____ (DD/MM/YY)

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

**ALL APPLICANTS MUST PROVIDE ORIGINAL & COPIES.**