BARBADOS LICENSING AUTHORITY

APPLICATION FORM FOR RENEWAL OF COMMERCIAL MOTOR VEHICLE

(Please complete and scan before sending to vehicleregistration@bra.gov.bb.
Ensure accurate information is submitted.)

VEHICLE REG. NUMBER _____ NATIONAL REGISTRATION NO _____

ENGINE#_____CHASSIS#_____

VEHICLE MAKE _____ YEAR_____

MODEL _____

NAME OF OWNER: _____
SURNAME FIRST NAME MIDDLE NAME

CONTACT NUMBER:_____

ADDRESS OF OWNER:

LINE - 1 _____

LINE - 2 _____

LINE - 3 _____ PARISH _____

CONTACT _____(H)_____(W)_____(C)

_____ _____
DATE SIGNATURE OF OWNER/AGENT

Certificate of Truth: - I, the undersigned, hereby certify that the contents of this document are true and correct, and that for the purposes of Section 5 of the Electronic Transactions Act, Cap. 308B of the Laws of Barbados, this document shall be deemed to be legally valid, admissible and enforceable against me. I understand and agree that should any details contained herein be found to be false, I may be liable to criminal prosecution in the Law Courts of Barbados.