

APPLICATION FOR COMMERCIAL VEHICLE RENEWAL

Client Type:

Registration No:

Client Identification

Client No: Family Name / Organization:

Given Name(s):

Client/ Vehicle Address

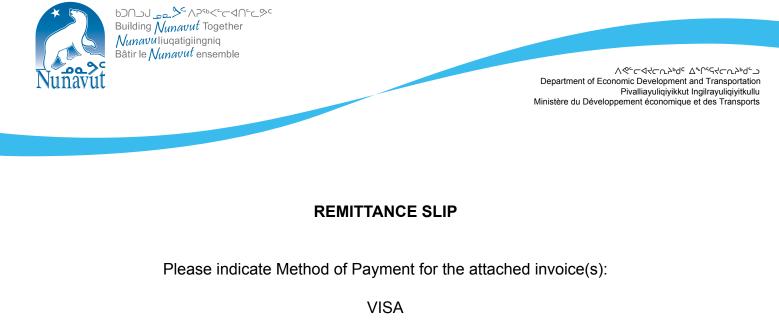
	Terr/Prov:				
Community:					
Home Phone:	Work Phone:				
Vehicle Location Street Address:					
	Terr/Prov:				

Vehicle Information

Vehicle Type:	Year:	V.I.N.:
Make:		
Series:		
Model:		Style:
Colours:	Fuel:	Gross Weight:

Issuer Only

Previous Terr.	Pre. Plate No:		Prev. Reg. No:
Office:	Issuer:		Issued:
Reg No.	Term:	Months	Fee:
Expires:	Lessor:		



MasterCard EMT

Total Remittance: \$_____

Card Holder Name

Credit Card Number

Expiry Date

Signature

Submit completed form to: MotorVehicles@gov.nu.ca