

## **APPLICATION FOR PASSENGER VEHICLE RENEWAL**

Registration No:
------------------

## **Client Identification**

**Client Type:** 

Family Name / Organization:

Given Name(s):

**Client No:** 

### **Client/ Vehicle Address**

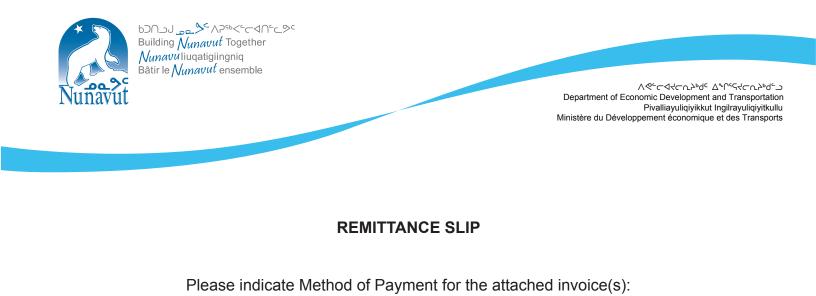
Street Address:				
Mailing Address:		Terr/Prov:		
Community:				
Postal Code:	Home Phone:	Work Phone:		
Vehicle Location Street Address:				
Community:		Terr/Prov:		

### **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:	



VISA MasterCard EMT

Total Remittance: \$\_\_\_\_\_

Card Holder Name

Credit Card Number

Expiry Date

Signature

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