

Application for Inspection of Motor Vehicle/Trailer

Regulation 101 (6) Land Transport (Vehicle Registration & Construction) Regulations 2000



1. APPLICANT

Application Number: _____

I hereby apply to have my vehicle as mentioned below inspected:

Full Name: _____

Address: _____

Registered Number: _____ Make: _____ Class: _____

Insurance Company: _____ TPP No: _____

Issue Date: _____ Expiry Date: _____

Fee Paid: _____ Receipt No: _____ Date: _____

Signature of Applicant: _____ Date: _____

2. OFFICE USE

I hereby certify that I have inspected motor vehicle registration number _____

which has passed/failed (delete as appropriate) the vehicle inspection test.

Inspection Certificate Number: _____ Date Issued: _____

LTA Authorized Officer Station:

Note: If upon inspection certificate is refused, no subsequent inspection shall be made unless further application is put forth accompanied by prescribed fee.