Motor Vehicle Record Update Form

1. VEHICLE OWNER SECTION

Regulation 13 Land Transport Regulation Vehicle Registration & Construction 2000



| Vehicle Registration Number: | | | |
|--|-----------------|--------------------|--------------------------|
| Mr / Mrs / Miss Surname of Incorporated bo | dy I | First Name | Middle |
| Name: | | | |
| F/N: | | | |
| Residential Address: | | | |
| Postal Address: | | | |
| Phone No.: (B) | (M) | | (H) |
| Email Address: | | | |
| Make: | Colour: | | |
| Engine No.: | Chassis No. | | |
| CC's (engine rating) | Fuel Type | | Transmission |
| Vehicle Type eg. Private, goods, taxi etc: | | | Model: |
| Has the vehicle been modified (if yes provide | de details of n | nodifications) | Yes / No |
| | | | |
| Please give normal registration Number if v | ehicle is curre | ntly registered as | unique/PSV |
| DECLARATION | | , , | |
| By signing below, you confirm that all the a of an offence and your license could be inv may be given to Police, Law enforcement C | alidated. The i | information you g | |
| Signature of Owner | | Date: | |
| OFFICE USE ONLY | | | |
| Station: | | | |
| Name of Officer: | | | Data entry done Yes/No |
| Signature: | Date: | | Fee \$: |
| Toll Free: 0800 334 2886 • TXT: 582 • Fax: 334 2 | 2884 • CallCer | ntre@lta.com.fj | Land Transport Authority |