



APPLICATION FOR THE RENEWAL OF A MOTOR VEHICLE DEALER LICENCE

In accordance with the requirements of the Motor Vehicle Dealers Act 1986 (Section 22)

Name of Licensed Motor Vehicle Dealer:	<input type="text"/>		
Date of Birth:	<input type="text"/>		
Occupation:	<input type="text"/>		
Name of Company:	<input type="text"/>		
Location of Premises:	<input type="text"/>		
Subsidiary Place of Business:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>		
Island:	<input type="text"/>		
Contact: Phone:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>		
Signature of Applicant:	<input type="text"/>	Date:	<input type="text"/>

OFFICE USE ONLY:

APPLICATION NO:	<input type="text"/>		
FEE PAID:	\$ <input type="text"/>	RECEIPT NO:	<input type="text"/>
LICENSE NO:	<input type="text"/>	DATE ISSUED:	<input type="text"/>