

LEGAL NOTICE NO. 311

REPUBLIC OF TRINIDAD AND TOBAGO


THE MOTOR VEHICLES AND ROAD TRAFFIC ACT, CHAP. 48:50

NOTIFICATION

AMENDMENT TO THE FIRST SCHEDULE OF THE MOTOR VEHICLES AND ROAD TRAFFIC REGULATIONS

IN EXERCISE of the powers granted to him by Regulation 3 of the Motor Vehicles and Road Traffic Regulations and with the approval of the Minister, the Licensing Authority gives notice that the First Schedule to the Motor Vehicles and Road Traffic Regulations is amended in Forms 1, 4, 9 and 12 by deleting each form and substituting the following forms respectively:

“FORM 1



Government of the Republic of Trinidad and Tobago

**FORM OF PARTICULARS TO BE GIVEN BY APPLICANT
FOR REGISTRATION OF MOTOR VEHICLE**
Motor Vehicles and Road Traffic Act, Chap. 48:50

Form 1

Please print information in BLOCK LETTERS

1. Applicant Name: _____
(Surname, First Name, Middle Name)

Company Name: _____ **Company/Business Reg. No.:** _____

2. Date of Birth: _____ **Nationality:** _____
(DD/MM/YYYY)

I.D. / **D.P.** / **Passport** **No.:** _____ **Sex:** Male Female

3. Contact Information:
Address (Street): _____
Address (City): _____
Mailing Address (if different from above) (Street): _____
Address (City): _____
Telephone: (____) _____-____ **Email:** _____

4. Description of Motor Vehicle:
(a) Chassis No. / VIN: _____
(b) Left Hand Drive? Yes No **(c) Make:** _____ **(d) Model:** _____
(e) Colour: _____ **(f) Year of manufacture:** _____
(g) Body Type:
 Sedan Hatchback SUV Motorcycle Pickup Truck Truck Tractor
 Station Wagon Goods Vehicle Motor Omnibus Panel Van Glass Van
 Freight Passenger Vehicle Ambulance Trailer Tow Truck
 Other _____
(h) Country of Origin: _____ **(i) Mileage:** _____ Km Miles
(j) Maximum Seating: _____ **(k) Seating to the left/right of driver:** _____ **(l) No. of Doors:** _____
(m) Weight (Tare): _____ k.g. **(n) M.G.W.:** _____ k.g. **(o) Brakes:** HYD Air Other _____
(p) Length x Width: _____ **(q) No. of Wheels:** _____ **(r) No. Standing Persons (Buses Only):** _____
Additional information: _____

5. Engine and Transmission Details:
Engine Number: _____ **Engine size:** _____ cc
Number of Cylinders: _____ **Horsepower:** _____ New Used Rebuilt
Transmission: Automatic Manual
Fuel: Gas Diesel Hybrid Electric Other: _____

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6. Insurance Details:

Insurance Company Name: _____

Certificate/Policy No.: _____ Date: _____
(DD/MM/YYYY)Effective Date: _____ Expiry Date: _____
(DD/MM/YYYY) (DD/MM/YYYY)**7. Intended Use -** (a) Private motor car (b) Hiring car or Taxi (c) Motor omnibus (d) Motor lorry (e) Goods vehicle (f) Freight Passenger vehicle (g) Motorcycle (h) Trailer (i) Tractor (j) Other: _____**8. Particulars as to the position on the car in which it is proposed to place the plates forming the
identification mark:** _____**Declaration of Applicant:**I, _____ declare that the information provided is true and
correct and hereby apply for the registration of the vehicle specified above._____
Signature_____
Date (DD/MM/YYYY)**N.B:** (1) It is an offence under section 94 of the Motor Vehicles and Road Traffic Act, Chap. 48:50 to give any particulars which are false or incorrect and you will be liable to prosecution if you do so.


(2) Application must be supported by documents as proof of address such as a recent Utility Bill or in the case of a rental, a copy of the Lease/Rental Agreement for the rental premises identified and bearing the name of the Applicant. If the utility bill or Lease/Rental Agreement is not in the Applicant's name, a letter from the owner confirming the Applicant's residence and copy of the owner's national identification (ID) MUST be submitted.

(3) If Applicant is a Company, the application must be supported by Company validation documents such as a copy of the company business registration certificates and/or Notice of Directors.




For Official Use only:

FORM 4


FORM 4	
 Government of the Republic of Trinidad and Tobago APPLICATION FOR DRIVING PERMIT(S)/ENDORSEMENT(S) Motor Vehicles and Road Traffic Act, Chap. 48:50 Regulation 18	
Print information in BLOCK LETTERS	
1. Type of permit(s)/endorsement(s) applied for—	
(i) Transaction:	
<input type="checkbox"/> First Issue <input type="checkbox"/> Renewal <input type="checkbox"/> Duplicate <input type="checkbox"/> Provisional <input type="checkbox"/> Endorsement	
(ii) Classification:	
<input type="checkbox"/> Motorcycle <input type="checkbox"/> Light Motor Vehicle <input type="checkbox"/> Heavy Motor Vehicle <input type="checkbox"/> Extra Heavy Motor Vehicle <input type="checkbox"/> Omnibus <input type="checkbox"/> Tractor Wheel/Truck <input type="checkbox"/> Other:	
(iii) Use:	
<input type="checkbox"/> Hiring Car/Taxi <input type="checkbox"/> Commercial <input type="checkbox"/> Private	
2. Name of Applicant:	
Surname	First Name Middle Name Maiden Name (if any)
3. Sex:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
4. Place of Birth:	5. Date of Birth: (DDMM/YYYY)
6. Nationality:	
7. Contact Information: Residential Address in Trinidad and Tobago: Street City E-mail Telephone () -	
8. Contact Information if different from (7): Residential Address: Street City E-mail Telephone () -	
9. (i) Are you the holder of a driving permit issued in Trinidad and Tobago? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(ii) Have you previously been the holder of a Driving Permit issued in Trinidad and Tobago? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(iii) If "Yes" to (i) or (ii) state number and date of Issue below: Number Date (DD/MM/YYYY)	
(iv) Class of vehicle authorised to drive:	
10. Are you the holder of a driving permit/licence held elsewhere than in Trinidad and Tobago? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Give particulars of any endorsement(s) on any driving permit/licence which you held or now hold. <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Have you at any time been disqualified from obtaining a driving permit? If "yes" give particulars: <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Are your vision, hearing and bodily and mental fitness such as to qualify you for issue of a driving permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. I, _____, declare that the information provided above is true and correct.	
_____ Signature of Applicant	Date: _____ (DD/MM/YYYY)

Notification—Amendment to the First Schedule of the Motor Vehicles and Road Traffic Regulations

<p>15. DECLARATION IN RESPECT OF APPLICATION FOR DUPLICATE DRIVER'S PERMIT, TAXI DRIVER'S LICENCE/BADGE, MOTOR VEHICLE LICENCE, CONDUCTOR'S PERMIT</p> <p>I,</p> <p>of</p> <p>in the Republic of Trinidad and Tobago do solemnly and sincerely declare as follows:</p> <p>1. I am the holder of No. which was issued/renewed for the year 20</p> <p>2. The said No. was lost or stolen, on or about the day of, 20</p> <p>and although I have made a diligent search for the said</p> <p>I have been unable to find same.</p> <p>3. The said No. was destroyed on or about the day of, 20</p> <p>And I make this declaration conscientiously believing the same to be true and according to the Statutory Declarations Act Chap. 7:04 and I am aware that if there is any statement in this declaration which is false in fact, which I know or believe to be false or do not believe to be true I am liable to fine and imprisonment.</p> <p style="text-align: right;">Signature of Declarant:</p> <p>Declared at</p> <p>this day of 20</p> <p style="text-align: center;">Before me, <i>Commissioner of Affidavits</i></p>
<p>16. For Official Use</p>
<p style="text-align: center;">INSTRUCTIONS TO APPLICANTS</p> <p>1. All applicants must complete questions 1-14.</p> <p>2. Applicants applying for a "DUPLICATE" Permit must complete questions 1-15.</p> <p>3. Tick boxes where applicable.</p> <p>4. Question 1 (i) (a) "First Issue"—application for the first time for a permit for a particular class of vehicle. (b) "Provisional"—application for a permit to learn to drive a vehicle of a particular class. Such permit is valid for one year only.</p> <p>(ii) (a) "Motor Vehicle/Light"—includes any motor vehicle (e.g., motor car, station wagon, pick-up van, etc.) whose tare weight does not exceed 2 270 kilogrammes or whose m.g.w. does not exceed 2,950 kilogrammes. (b) "Motor Vehicle/Heavy"—includes any motor vehicle whose m.g.w. exceeds 2,950 kilogrammes but does not exceed 15,240 kilogrammes. (c) "Motor Vehicle/Extra Heavy"—includes any motor vehicle whose m.g.w. exceeds 15,000 kilogrammes. (d) "Other"—includes application for a permit for a vehicle not listed at 1(ii) e.g., road roller, cranes, etc.</p> <p>(iii) (a) "Private use"—includes use of a rented vehicle or use of any other vehicle for non-commercial purposes. (b) "Commercial use"—means use of a vehicle primarily for industrial or trade purposes.</p> <p>5. It is an offence under section 94 of the Motor Vehicles and Road Traffic Act, Chap. 48:50 to give any particulars which are not correct and you will be liable to prosecution if you do so.</p> <p>6. Application must be supported by documents as proof of address such as a recent Utility Bill or in the case of a rental, a copy of the Lease/Rental Agreement for the rental premises identified and bearing the name of the Applicant. If the utility bill or Lease/Rental Agreement is not in the Applicant's name, a letter from the owner confirming the Applicant's residence and copy of the owner's national identification (ID) MUST be submitted.</p> <div style="text-align: right;">  </div>

FORM 9

Form 9


Government of the Republic of Trinidad and Tobago

APPLICATION FOR DEALER'S GENERAL LICENCE
Motor Vehicles and Road Traffic Act, Chap. 48:50
SECTIONS 34 - 40 and Regulation 11

Please print information in BLOCK LETTERS

1. Applicant Name: _____
(Surname, First Name, Middle Name)

Company Name: _____ Company/Business Registration No. _____

2. Applicant I.D. / D.P. / Passport No.: _____ Telephone: () - _____

3. Address (Street): _____

Address (City): _____

4. Email Address: _____

5. Nature of business: _____
(Dealer, Manufacturer or Repairer)

Business Address (Street): _____

Address (City): _____

6. Number of general identification marks required: _____

7. Insurance Details –

(a) Name of Insurance Company: _____

(b) Terms of Insurance Certificate/Policy: _____

(c) Insurance Certificate/Policy No.: _____


(c) Expiration date of Insurance Certificate/Policy: _____
(DD/MM/YYYY)

Declaration of Applicant:
I _____, declare that the information provided above is true and correct and hereby apply for a Dealer's General Licence.

Signature: _____ Date: _____
(DD/MM/YYYY)


N.B: (1) It is an offence under section 94 of the Motor Vehicles and Road Traffic Act, Chap. 48:50 to give any particulars which are not correct and you will be liable to prosecution if you do so.
(2) All applications must be supported by Company validation documents such as a copy of the company/business registration certificates and/or Notice of Directors.

For Official Use only: _____



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FORM 12



Government of the Republic of Trinidad and Tobago

Form 12

MEDICAL TEST FOR DRIVING PERMIT

**FORM OF MEDICAL CERTIFICATE FOR AN APPLICANT FOR
A PERMIT TO DRIVE MOTOR VEHICLES**
Motor Vehicles and Road Traffic Act, Chap. 48:50

(1) This form is to be completed by REGISTERED MEDICAL PRACTITIONER
(2) Please print information in BLOCK LETTERS

Applicant Name: _____
(Surname, First Name, Middle Name)

Applicant I.D. / D.P. / PASSPORT No. _____

In the case of suspected medical unfitness it is important that the Licensing Authority be satisfied on the following points before the grant of a driving permit:

<p>1. Is the applicant, to the best of your judgment, subject to epilepsy, vertigo or any mental ailment likely to affect his efficiency?</p> <p>2. Does the applicant suffer from any heart or lung disorder which might interfere with the performance of his duties as a driver?</p> <p>3. What is the Blood pressure reading? (Both systolic and diastolic readings should be given).</p> <p>4. (a) Is there any defect of vision? (See Note I).</p> <p>(b) If a defect of vision is revealed on examination, give acuity of vision by Shellen's Test.</p> <p>(c) Do you consider that the applicant should wear glasses when driving?</p> <p>(d) Is there any defect of hearing?</p> <p>5. Has the applicant any deformity or loss of members? If so, would it interfere with the efficient performance of his duties as a driver? (See Note II).</p> <p>6. Is the applicant sufficiently active for the performance of his duties as a driver?</p> <p>7. Does the applicant show any evidence of being addicted to the excessive use of alcohol, tobacco or drugs?</p> <p>8. Is the applicant, in your opinion, generally fit as regards: (a) bodily health and (b) temperament for the performance of his duties of as a driver?</p>	<p style="text-align: center;"><i>Reply to be inserted in this column</i></p> <hr/> <p>(a)</p> <hr/> <p>(b) R.E. L.E. without glasses. R.E. L.E. with glasses.</p> <hr/> <p>(c)</p> <hr/> <p>(d)</p> <hr/> <p>(a)</p> <hr/> <p>(b)</p> <hr/>
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Notes: I - Special attention should be directed to distant vision.
II - Special attention is directed to the condition of the arms, hands, legs and joints of the upper and lower extremities.

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The applicant is responsible for the payment of any fee in connection with the examination and the fee is NOT a charge on Public funds.

The Certificate is for the confidential use of the Licensing Authority and its contents are not divulged to anyone other than the applicant.

It is an offence under section 94 of the Motor Vehicles and Road Traffic Act, Chap. 48:50, for any person to "make any statement which to his knowledge is false, or in any material respect misleading", and the penalty on conviction is two thousand dollars.

It is suggested that the applicant might be so warned before the examination is made by the Registered Medical Practitioner.

TO: THE LICENSING AUTHORITY

I certify that I have examined the applicant, Mr/Mrs/Miss _____ (Surname) _____ (Other Names)
_____ on _____ (DD/MM/YYYY)

I consider this patient fit / unfit for the performance of his duties as a driver of motor vehicles.

Medical Practitioner Name : _____

Qualification and
Registration Number of Medical Practitioner : _____

Office Address (Street) : _____

Address (City) : _____


Telephone : (____) _____ - _____ Email : _____

I declare that to the best of my knowledge and belief the information given by me is true and correct. I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be true, I am liable on summary conviction to a fine of two thousand dollars in accordance with section 94 of the Motor Vehicles and Road Traffic Act, Chap. 48:50.

Signature of Medical Practitioner

Date: (DD/MM/YYYY)

Medical Practitioner's Stamp



[2]

Dated this 4th day of September, 2020.

C. CLARKE
Licensing Authority

Approved by the Minister of Works and Transport this 4th day of
September, 2020.

R. SINANAN
Minister of Works and Transport