

APPLICATION FOR REPLACEMENT DOCUMENTS

RF 134

The application is for the following replacement document(s) (please tick)

(i) Registration Book	<input type="checkbox"/>	FEE	€	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> </tr> </table>	1	2
1	2					
or	<input type="checkbox"/>		€	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> </tr> </table>	1	2
1	2					
Vehicle Licensing Certificate						
(ii) Tax Disc	<input type="checkbox"/>		€	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">6</td> </tr> </table>	0	6
0	6					
(iii) Trailer Licence Card	<input type="checkbox"/>		€	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">6</td> </tr> </table>	0	6
0	6					
(iv) Certificate of Roadworthiness	Light	<input checked="" type="checkbox"/>	€	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> </tr> </table>	0	3
	0	3				
Heavy	<input checked="" type="checkbox"/>	€	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">7</td> </tr> </table>	0	7	
0	7					

I hereby declare that the document(s) ticked above in respect of Vehicle Registration Number

Make Model

has been lost, destroyed, stolen or

The circumstances of the loss or destruction etc. are as follows:

I request that a replacement be issued to me on payment of the prescribed fee and I undertake to return the original to the licensing authority if it should subsequently come into my possession.

The matter has already been reported by me to a Garda Station

Signed (BLOCK LETTERS)

NAME (in full)

Address

Town/City

County Phone No.

Date

Day Month Year

NB AN APPLICATION IS NOT COMPLETE UNTIL THE VERIFICATION BELOW IS COMPLETED

TO BE COMPLETED AT A GARDA STATION

The above-named reported the loss/destruction or _____ of the document ticked above. I am satisfied, on the basis of the information available to the Gardai at this Station and the position as elaborated on by the applicant, that this appears to be a valid application. The applicant has been reminded that any person making a false declaration is liable to prosecution and on conviction to heavy penalties.

Garda Signature	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 60px; display: flex; align-items: center; justify-content: center;">Garda Station Stamp</div>
Date	<div style="border: 1px solid black; height: 20px;"></div>	