

FOR VEHICLE VALUATION ENQUIRY FORM / APPLICATION FOR STATISTICAL CODE

(This Form should be returned to your local Vehicle Registration Office)

APPLICANT DETAILS

NAME : -----

ADDRESS : -----

PHONE NO : ----- FAX NO : -----

MAKE	MODEL	Further sub-description of vehicle	
ENGINE CAPACITY (specify c.c.)		Fuel Type (petrol, Diesel)	
TRANSMISSION TYPE MANUAL <input type="checkbox"/> AUTOMATIC <input type="checkbox"/>		Body Type (Saloon, Hatchback)	CODE
CATALYTIC CONVERTER YES <input type="checkbox"/> NO <input type="checkbox"/>		Seats No. of Windows Doors	
RIGHT HAND DRIVE <input type="checkbox"/> LEFT HAND DRIVE <input type="checkbox"/>		Odometer reading (specify miles/km) <input type="checkbox"/> Miles ----- <input type="checkbox"/> Kilometres	
IS THE VEHICLE NEW OR USED? NEW <input type="checkbox"/> USED <input type="checkbox"/>			
Is the vehicle currently registered in an EU country YES <input type="checkbox"/> NO <input type="checkbox"/>			
IS THE VEHICLE IN THE STATE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Current Registration Number		Date Of	
-----		First coming into use -----	
		First Registration: -----	
OTHER INFORMATION (please include any further descriptive and/or technical details considered relevant)			

FOR OFFICIAL USE ONLY

CATEGORY OF VEHICLE (A, B, C, Etc) -----	V.R.Q. USE PRO OFFICIAL : -----
IS THE VEHICLE QUALIFIED FOR EXEMPTION FROM PAYMENT OF VRT YES <input type="checkbox"/> NO <input type="checkbox"/>	PH. NO : ----- FAX NO : ----- C.V.O USE STATISTICAL CODE : -----
EXEMPTION TYPE (Cor. Err. Etc) -----	SIGNED : ----- DATE : -----