

FOR OFFICE USE ONLY	
C. of R. #	_____
PERMIT #	_____
STICKER #	_____ YEAR _____
PLATE #	_____

Application for Ownership, Permits, and Plates

SECTION 1 – Client Identification

(PLEASE PRINT ALL INFORMATION IN BLOCK LETTERS)

CLIENT(S) or COMPANY NAME			
CLIENT MASTER NUMBER		DATE OF BIRTH	
		DD MM YY	
RESIDENCE ADDRESS		MAILING ADDRESS (if different than residence)	
STREET NUMBER AND NAME, APT. NO.		STREET NUMBER AND NAME, PO BOX NO., RR. NO., APT. NO.	
CITY, TOWN OR VILLAGE	POSTAL CODE	CITY, TOWN OR VILLAGE	POSTAL CODE

SECTION 2 – Vehicle Information

VIN / SERIAL NUMBER	YEAR	MAKE	MODEL	BODY TYPE	IF VAN OR BUS INDICATE SEATING CAPACITY
REGISTERED WT	GVW FRONT	GVW REAR	# OF AXLES	# OF CYLS.	COLOUR
	kg	kg			
					ODOMETER
				<input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL	<input type="checkbox"/> TRACTOR TREADS <input type="checkbox"/> SOLID RUBBER TIRES

PLEASE NOTE: A special move permit is required for vehicles that are not in compliance with vehicle weight and dimensions as outlined in the *Motor Vehicle Act*.

VEHICLE TYPE	10 Passenger Vehicle	17 Camper	23 Bus	30 Trailer	49 Firetruck
	11 Motorcycle	19 Antique Auto	27 Off Highway	32 Semi Trailer (5 th wheel hookup)	70 Misc. Equipment Powered
	13 Motor Driven Cycle	20 Commercial Truck	28 Commercial Truck Tractor	40 Farm Tractor	75 Misc. Equipment Towed

SECTION 3 – Plate Information

CURRENT/PREVIOUS PLATE	PROV/STATE	ATTACH PLATE NUMBER	REMOVE PLATE NUMBER	TEMPORARY PERMIT NO.

I/We hereby apply for a _____ style of licence plate(s) (Additional support may be required)

SECTION 4 – Applications

The vehicle bears a valid Motor Vehicle Inspection Sticker, pursuant to the *Motor Vehicle Act*, Yes No

<input type="checkbox"/> A	APPLICATION FOR CERTIFICATE OF REGISTRATION If vehicle owner is different than plate owner fill in Section 5. I/We hereby make application to title the vehicle described herein in the Province of Nova Scotia. I/We hereby certify that I am/we are the Owner of the vehicle within the meaning of the <i>Motor Vehicle Act/Off Highway Vehicles Act</i> . I/We further certify that I am/we are eligible to have a vehicle titled in my/our name.
<input type="checkbox"/> B	PARENTAL APPROVAL OF OFF-HIGHWAY VEHICLE APPLICATION Pursuant to Section 3 of the <i>Off-Highway Vehicles Act</i> the undersigned approves the application of the person(s) named herein for an Off-Highway Vehicle Registration. (REQUIRED WHEN APPLICANT(S) IS UNDER AGE 19.) Parent or Guardian Signature _____
<input type="checkbox"/> C	NOTICE OF SALE (Also complete Sections 2 and 3) BUYER(S) NAME _____ BUYER MASTER NUMBER _____ DATE OF SALE DD MM YY _____
<input type="checkbox"/> D	APPLICATION FOR PLATE / PERMIT <input type="checkbox"/> Issuance <input type="checkbox"/> Renewal PLATE NUMBER STOLEN _____ DD MM YY _____
<input type="checkbox"/> E	REPORT STOLEN INFORMATION <input type="checkbox"/> Vehicle <input type="checkbox"/> Plate <input type="checkbox"/> Both
<input type="checkbox"/> F	APPLICATION FOR REPLACEMENT If at any time I/we recover the lost items, I will forward same to the Registry of Motor Vehicles. I/We hereby make application for replacement of: <input type="checkbox"/> Certificate of Registration <input type="checkbox"/> Plate <input type="checkbox"/> Permit <input type="checkbox"/> Sticker <input type="checkbox"/> Handicapped Permit <input type="checkbox"/> Cab Card The reason for replacement is _____
<input type="checkbox"/> G	APPLICATION FOR CHANGE IN REGISTERED GROSS WEIGHT I/We hereby make application for a change in the Registered Gross Weight from _____ to _____.
<input type="checkbox"/> H	PRIVILEGE REINSTATEMENT FEE

SECTION 5 - To be completed when plate owner NOT the same as vehicle owner

I/We hereby certify that I am/we are the owner of the vehicle described herein within the meaning of the *Motor Vehicle Act/Off-Highway Vehicles Act*.
 I/We hereby grant power of attorney to:

PLATE OWNER	MASTER NUMBER
RESIDENCE ADDRESS	MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)
for the purpose of plating the said vehicle. This will remain in effect until I/we notify the Registry of Motor Vehicles of further changes.	
VEHICLE OWNER(S) NAME(S)	MASTER NUMBER
VEHICLE OWNER(S) SIGNATURE(S)	PLATE OWNER(S) SIGNATURE(S)

SECTION 6 - Applicant Declaration

I/We hereby certify that the information, contained on both sides of this application, is true.

APPLICANT'S SIGNATURE(S)	DD MM YY

WARNING > The *Motor Vehicle Act* provides a penalty of a fine and imprisonment for false statement of fact in this application.

