Form Q:

To the Licensing Authority:

For Departmental use only

Date received:

Application number:

File reference:

Licence number:

		Signature of Applicant
		Dated this Day of 20
(3)	Delete one not required	for the grant of a (3) Public/Private Carrier's Licence (In continuation of (4) Public/ Private Carrier's Licence No) in respect of the Motor Vehicles mentioned in the Schedule hereto and I hereby declare that to the best of my knowledge and belief all the statements in his application and the said Schedule in respect of the said Motor Vehicle given by me are true and correct.
(-)		In the parish of do hereby apply
(2)	Full Postal Address	of (2)
(1)	Name in full in Block Capitals	I (1)

1. Where will the Motor Vehicle usually be garaged?

- *2. Facilities which the applicant proposes to provide:-
- (a) Class or description of goods to be carried:
- (b) Districts in which or places between which the vehicles will normally be used.
- *3. base or centre from which the Motor Vehicle will normally be used.

Applicant's Contact numbers:

* These particulars need not given in the case of an application for a Private Carrier's Licence

(a) Tractors are included(b) As prescribed for each vehicle

(a) SCHEDULE OF MOTOR VEHICLES FOR WHICH APPLICATIONS MADE FOR A CARRIER'S LICENCE

Reg. No.	Unladen Weight	(b) Maximum Laden Weight	Type of Body	Remarks