

**Instructions**

Please print clearly in ink. Provide insurance information in section 7 if applicable. Ensure section 8 is completed and signed.

**1. Registrant**

Registrant Identification Number (Driver's Licence Number)	<b>New Plate Registrants only</b>	
	Sex	Date of Birth (yyyy/mm/dd)

Last Name, First Name and Middle Initial or Company Name

**Complete address section only if new registrant or address changed.**

Street Number and Name, P.O. Box Number, R.R. Number or Lot, Concession and Township	Apartment Number
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City, Town or Village	Postal Code
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**Mailing Address** (Complete below only if mailing address is different from above)

Street Number and Name or Lot, Concession and Township	Apartment Number
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City, Town or Village	Postal Code
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**Check below if**

- Vehicle to be registered to 2 individuals
- Number plates owned by other than above
- Unincorporated company name to be recorded



**Complete Supplementary Application**

Not required if Lease Information is completed on the New Vehicle Information Statement.

There are special declarations for this application. Complete section 5.

**2. Number Plates**

Enter plate number to be attached	Or	<b>Are new number plates required?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Vehicle Class - Check one**

- Passenger
- Motorcycle
- Moped
- Off-Road
- Trailer
- Motorized Snow

- Commercial
- Bus

Gross Weight (kg)	Number of Axles	Seating Capacity
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If gross weight/seating capacity has changed, complete section 6.

Odometer (km)	If returning plates for credit or cancellation, enter plate number
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**3. Vehicle Status**

**Is this vehicle to be registered?**

- Fit
- Unfit
- Temporary
- Other \_\_\_\_\_

To qualify for S.S.C. exemption, enter dealer registration number

## 4. Application for Replacement

I hereby make application for replacement of:

Vehicle Permit     Validation Sticker     Number Plates    Reason for Replacement

Complete if applicable:

Plate Number    Validation Number    Vehicle Identification Number

If at any time I recover the lost item(s), I will forward same to a ServiceOntario Driver and Vehicle Licence Issuing Office.

## 5. Declarations

### Registrant

**NOR Declaration for Northern Ontario resident**

I hereby declare that the address of my residence is in Northern Ontario meaning that part of Ontario consisting of the Territorial District of Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Parry Sound, Rainy River, Sudbury, Timiskaming or Thunder Bay and that this vehicle is not owned by a corporation.

### Vehicle

**PUO Declaration for Commercial Motor Vehicle number plates issued at passenger car fees**

I hereby declare that the commercial vehicle for which application for licence plates is being made: 1. is primarily used for personal transportation; 2. has a registered gross weight of 3000 kg (6615 lbs.) or less.

### Declaration for Commercial Vehicle Operator Registration (CVOR)

This Commercial Motor Vehicle is exempt from the requirement of the *Highway Traffic Act* for a CVOR certificate.

This Commercial Motor Vehicle is operated under the authority of another operator's CVOR number as provided for in the *Highway Traffic Act*.

CVOR Number

**PAR Declaration for a motor vehicle having permanently attached thereto a machine or apparatus and not used to carry any other load**

I hereby declare that the vehicle described on this application has permanently attached thereto a device and said vehicle will not be used for conveying any load other than said device

Device

**SCH Declaration for school bus number plates**

I hereby declare that the bus for which application for a permit is made: 1. is under contract to a school board or other authority for transportation of students to and from school during the months of September through June, and 2. will not be operated using an RUO sticker unless it (a) is kept exclusively for school bus use from September to June and (b) is operated empty except for the driver/trainee in July and August.

**FRM Declaration for farm truck number plates**

I declare that I have a farming business within the meaning of the *Farm Registration and Farm Organizations Funding Act*, 1993 that: (a) is registered as a farm business; (b) is exempt from the requirement to register as a farm business based on a decision from the Agricultural, Food and Rural Affairs Appeal Tribunal; or (c) has been granted a gross farm income exemption by the Ministry of Agriculture, Food and Rural Affairs.

**ODO Declaration for Odometer Information**

I hereby declare that the odometer information provided is true and accurate and that pursuant to subsection 66(5) of the *Highway Traffic Act*, my vehicle is equipped with an odometer that is in good working order and to my knowledge has not been tampered with.

**Declaration of motor assisted bicycle (moped) - Certificate of selling dealer**

Pursuant to the *Highway Traffic Act*, I hereby certify that the motor vehicle described on this application is a motor assisted bicycle that complies with the definition thereof contained in the Act.

**LSV Declaration for Low Speed Vehicle**

I hereby declare that the vehicle described on this application is a low speed vehicle that complies with the definition and other requirements set out in the pilot regulation under the *Highway Traffic Act*.

**Plates** **MDA Declaration for medical practitioner number plates**

I hereby declare that I am a duly qualified medical practitioner in the province of Ontario.

 **HVA Declaration for historic motor vehicle number plates**

I hereby declare that the vehicle described on this application is: 1. at least 30 years old; 2. substantially unchanged or unmodified from the original manufacturer's product. I understand that the vehicle may be operated on a highway for the purpose of exhibition, tours or similar function organized by a properly constituted automobile club or parades, repairs, testing or demonstrating for sale.

**6. Change Registered Gross Weight or Seating Capacity**

From Gross Weight (kg)	To Gross Weight (kg)	From Seating Capacity	To Seating Capacity	Issuer: Insert Time of Day
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**7. Certificate of Insurance (*The Compulsory Automobile Insurance Act*)**

I hereby certify that the motor vehicle bearing Vehicle Identification Number (Serial Number)

is insured under a contract of automobile insurance made with:

Name of Insurance Company

Policy Number

**8. I hereby certify the information in this application is true**

Name (Please Print)	Authorized Signature	Date (yyyy/mm/dd)
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Under provincial legislation, the penalty for making a false statement may include a fine and/or imprisonment and/or a driver's licence suspension.

Information in this form is collected under the authority of the *Highway Traffic Act*. If you have any questions about the collection and use of your personal information collected on this form, please call the Operations Manager, ServiceOntario at 416-235-2999 or 1-800-387-3445 or write to the Supervisor, Ministry of Transportation, Information Services Office – Special Enquiry Unit, 87 Sir William Hearst Ave, Toronto ON M3M 0B4. Direct general inquiries to ServiceOntario 416-235-2999 or 1-800-387-3445 or visit [ServiceOntario.ca](http://ServiceOntario.ca).**Please complete the Office Use Only section located on page 4.**

<b>A. Office Use Only</b>				
Office Number	Operator Number	Effective Date (yyyy/mm/dd)	Business Date (yyyy/mm/dd)	
<b>B. Transaction Type</b>				
<input type="checkbox"/> Transfer	<input type="checkbox"/> Plate Attachment	<input type="checkbox"/> Original Registration	<input type="checkbox"/> Dealer / Service Plate	
<input type="checkbox"/> Data / Licence Change	<input type="checkbox"/> Manufacturer Plate	<input type="checkbox"/> Vehicle Status Change	<input type="checkbox"/> Plate Transfer	
<input type="checkbox"/> Denials / N.S.F.	<input type="checkbox"/> Plate Status Change			
<b>Replacement</b>				
<input type="checkbox"/> Permit	<input type="checkbox"/> Plate	<input type="checkbox"/> Validation		
Notes				
<b>C. Registrant Type</b>				
<input type="checkbox"/> I - Individual	<input type="checkbox"/> J - Joint	<input type="checkbox"/> F - Fleet	<input type="checkbox"/> C - Company or Other	
<b>D. Identification Viewed</b>				
<input type="checkbox"/> Personal ID	<input type="checkbox"/> Third Party	<input type="checkbox"/> DAL		
Type of ID Viewed and Number				
<b>E. Identify Source Document or Complete Section F</b>				
<input type="checkbox"/> N.V.I.S. or Dealer Certificate	<input type="checkbox"/> Permit-Vehicle Portion	<input type="checkbox"/> Permit-Out of Province	<input type="checkbox"/> Permit-Out of Country	
<b>F. Vehicle Information</b>				
Vehicle Identification Number	Make	Model	Year	Body Type
Number of Cylinders	M/P (Motive Power)	Colour	Weight Empty (kg)	
<b>G. Declaration Code</b>				
Registrant	Vehicle	Plate		
<b>H. Processing Information</b>				
<b>Stock Issued</b>				
Plate Number	Permit Number	Valtag Number		
Validation (\$)	Admin./Reg. (\$)	N.S.F. (\$)	HST (\$)	
RST (\$)	Denials (\$)	Credit (\$)	<b>Fees Paid (\$)</b>	
<input type="checkbox"/> Cash	<input type="checkbox"/> Credit	<input type="checkbox"/> Cheque	<input type="checkbox"/> Debit	