


Inland Revenue Department	APPLICATION FOR REPLACEMENT PLATES & STICKERS		 GOVERNMENT OF ANGUILLA DEPARTMENT				
Complete all sections of this form and submit it to the Inland Revenue Department NOTE: There is a fee to replace most items		VEHICLE LICENCE PLATE NUMBER		VEHICLE CHASSIS NUMBER			
SECTION A PRINTED NAME(S) OF REGISTERED OWNER OF RECORD	FULL NAME (First, Middle , Last) ANGUILLA DRIVER'S LICENCE NUMBER RESIDENCE OR BUSINESS ADDRESS MAILING ADDRESS (IF DIFFERENT FROM ABOVE) POST OFFICE BOX						
SECTION B PLATES STICKERS REQUEST	I am requesting replacement of (check appropriate box(es): <input type="checkbox"/> License Plates <input type="checkbox"/> License Sticker						
SECTION C PLATES STICKERS INFORMATION	<p>NOTE: If your address is different from that which appears in the records of the department, you must appear in person at the Inland Revenue Department office to complete an application for replacement licence plates.</p> <table border="1" data-bbox="329 1213 1521 1585"> <tr> <td data-bbox="329 1213 914 1501"> The replacement item requested was: (Check appropriate box(es). <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed /Mutilated </td> <td data-bbox="914 1213 1521 1501"> (Check appropriate box(es) <input type="checkbox"/> One licence plate was lost or stolen. <input type="checkbox"/> Two licence plates were lost or stolen. Was it reported to the Royal Anguilla police Force? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following information CASE NUMBER _____ DATE REPORTED _____ </td> </tr> <tr> <td colspan="2" data-bbox="329 1501 1521 1585"> <p>NOTE: For the replacement of stickers, your vehicle should be inspected by the Vehicle Inspection Centre. The approved inspection form should be submitted to the cashier at the Inland Revenue Department for payment.</p> </td> </tr> </table> <p data-bbox="914 1585 1521 1682">You may be required to provide a copy of the police report, if one or two plates were stolen.</p>			The replacement item requested was: (Check appropriate box(es). <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed /Mutilated	(Check appropriate box(es) <input type="checkbox"/> One licence plate was lost or stolen. <input type="checkbox"/> Two licence plates were lost or stolen. Was it reported to the Royal Anguilla police Force? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following information CASE NUMBER _____ DATE REPORTED _____	<p>NOTE: For the replacement of stickers, your vehicle should be inspected by the Vehicle Inspection Centre. The approved inspection form should be submitted to the cashier at the Inland Revenue Department for payment.</p>	
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SECTION D CERTIFICATION	I certify (or declare) under penalty of perjury under the laws of Anguilla that the foregoing is true and correct. <table border="1" data-bbox="329 1759 1521 1923"> <tr> <td data-bbox="329 1759 914 1837"> PRINTED NAME </td> <td data-bbox="914 1759 1521 1837"> DAYTIME TELEPHONE NUMBER </td> </tr> <tr> <td data-bbox="329 1837 914 1923"> SIGNATURE OF REGISTERED OWNER </td> <td data-bbox="914 1837 1521 1923"> </td> </tr> </table>			PRINTED NAME	DAYTIME TELEPHONE NUMBER	SIGNATURE OF REGISTERED OWNER	
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SIGNATURE OF REGISTERED OWNER							

OFFICIAL USE ONLY:

Received by:

Name (print): _____ Signature: _____ Date: _____

Cashed by:

Name (print): _____ Signature: _____ Date: _____

Document Number: _____ Amount Paid \$ _____ Decal # _____

Verified by:

Name (print): _____ Signature: _____ Date: _____

