

PERMIT REINSTATEMENT / EXTENSION REQUEST FORM

Please complete the form in ALL CAPS:

Date: _____

Please tick the appropriate box(es):

To: The Director of Transport Authority

I _____ of _____

NAME / BUSINESS NAME

ADDRESS

ADDRESS

am requesting ☐ An Extension / ☐ A Reinstatement on my ☐ Approval Letter / ☐ Permit,

TA # / REG. # _____.

THIS SECTION OF THE APPLICATION MUST BE COMPLETED OR YOUR REQUEST CANNOT BE PROCESSED!

I was unable to ☐ **Activate** / ☐ **Renew** the permit before the deadline due to:

In relation to the permit, the vehicle:

☐ Was Inspected ☐ Was Insured ☐ Is Road-Ready ☐ Does not have a vehicle

☐ Was Not Inspected ☐ Was Not Insured ☐ Is Undergoing Repairs

NOTE: You MUST be in a position to activate the permit within a two (2) month period.

**PLEASE PROVIDE MORE THAN ONE VALID MEANS OF CONTACT.
IN THE EVENT WE ARE UNABLE TO REACH YOU THIS WILL CAUSE DELAYS PROCESSING YOUR REQUEST!**

(H) _____ (W) _____ (C) _____

(ALTERNATE #.) _____ (EMAIL ADDRESS) _____

Yours sincerely,

.....

SIGNATURE

REINSTATEMENTS P.T.O

PERMIT REINSTATEMENT ADDITIONAL INFORMATION

Please complete the form in ALL CAPS:

Please tick the appropriate box(es):

To facilitate my reinstatement request, please take note of the following:

1. The last payment made to the permit was for the period _____.

YEAR LAST PAYMENT WAS MADE

2. I ☐ **Have** / ☐ **Have Not** notified The Barbados Licensing Authority, or the Transport

Authority that the vehicle is off the road. **(Please provide a copy of the receipt.)**

3. The vehicle ☐ **Was** / ☐ **Was Not** examined.

4. The vehicle which will be put on the permit will be ☐ **The Same Vehicle** / ☐ **A Different Vehicle**.

INTERNAL NOTES:


