



3 Dealer Acting for Both Parties (if applicable)

Name _____

Address _____

Tel. No. _____

Please tick box if documents are to be returned to Dealer

4 For the Donor Vehicle

If an inspection of the donor vehicle is required, please state at which LVLO you would like this carried out.

5 Replacement Mark Allocation

Please state from which LVLO current series of registration marks you would prefer the replacement mark to be allocated.

- Armagh
- Ballymena
- Belfast
- Coleraine
- Downpatrick
- Enniskillen
- Londonderry
- Omagh

If a choice has not been made, DVA will allocate a mark which it deems appropriate.

OFFICIAL USE ONLY

Tax discs Posted Customer
Counter Garage

Replacement mark and CD _____

1. Replacement licence donor (where appropriate) _____

2. Replacement/first licence (where appropriate) _____

3. 1st Licence App. at LVLO

4. MOT Certificate Returned

5. Insurance Certificate Returned

6. Receipt No _____

7. Assessed by _____

