

**TRAILER/SEMI-TRAILER LICENSING OR CHANGE OF PARTICULARS**  
**Do NOT use this form for a Change of Ownership - See Note B**

TF 100

READ NOTES OVERLEAF BEFORE COMPLETING THIS FORM

**1. TRAILER**

1. Traller Mark (if known) [Ignore if first licensing]

2. Make/Model

3. Chassis No.

4. Year of Manufacture  5. Date of First Registration in this State  Day  Month  Year

6. Trailer Body Type (Please Tick) Has Body Type Changed Yes  No

Box <input type="checkbox"/>	<b>T11</b>	Livestock Transporter <input type="checkbox"/>	<b>T12</b>	Skeletal <input type="checkbox"/>	<b>T02</b>
Bulk Tanker <input type="checkbox"/>	<b>T13</b>	Low Loader <input type="checkbox"/>	<b>T09</b>	Tautliner <input type="checkbox"/>	<b>T07</b>
Curtainsider <input type="checkbox"/>	<b>T08</b>	Refrigerated Unit <input type="checkbox"/>	<b>T06</b>	Tilt <input type="checkbox"/>	<b>T14</b>
Flat Body <input type="checkbox"/>	<b>T05</b>	Vehicle Transporter <input type="checkbox"/>	<b>T10</b>	Tipper <input type="checkbox"/>	<b>T01</b>

7. Trailer Type (Please Tick) New  **N**  
 Imported/Used  **I**  
 Other  **O**

8. Maximum Design Gross Vehicle Weight (kg)

9. Maximum Design Axle Weights :

Front Axle	Axle 2	Axle 3	Axle 4	Axle 5	Axle 6
kg	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2. OWNER**

Mr, Ms, etc.  First Name(s)

Surname OR Company Name

Address

Town/City

County  Phone No

Address at which trailer is ordinarily kept (Enter "as above" if trailer is kept at above address)

**3. CERTIFICATE OF ROADWORTHINESS** Number  Expiry Date  Day  Month  Year

(See Note C3)

**4. LICENCE PERIOD** READ NOTE C4 BEFORE COMPLETING THIS SECTION

All months between expiry of the last Licence and start of new Licence must be covered by a Past Owner, Non-use or Arrears Period

	<b>FROM FIRST DAY OF</b>			<b>TO LAST DAY OF</b>		
	Month	Year		Month	Year	
4.1 Expiry Date Of Last Licence	<input type="text"/>	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	
4.2 Past Owner Period (if applicable)	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	
4.3 Non-Use Period (if applicable, see Section 6)	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	
4.4 Arrears Period (if applicable)	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
4.5 Licence Now Required - 12 MONTHS	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
4.6 First Licensing Fee (if applicable)	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	£ <input type="text"/>

<b>Office Use Only</b>	CASH	£ <input type="text"/>	Date Rec'd	CRW	<input type="checkbox"/>	KG	<input type="checkbox"/>	CRW Fee (if any)	£ <input type="text"/>
	CHQ	£ <input type="text"/>		Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL	£ <input type="text"/>
	PO	£ <input type="text"/>		Trailer Card Serial No.	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	BD	£ <input type="text"/>							
	OTHER	£ <input type="text"/>							

**5. DECLARATION - You MUST Complete This Section - See Note C5**

I declare that the particulars given on this form are Signature  Date