

DUPLICATE OF TAXI PERMIT



THE COMMISSIONER OF MOTOR VEHICLES
DEPARTMENT OF MOTOR VEHICLES,
MINISTRY OF TRANSPORTATION, WORKS & UTILITIES



1. Full Name of Applicant: (block capital)	
2. Taxi Permit Number:	
3. Mailing Address:	
4. Telephone Number:	
5. Date of Issue:	
6. Renewal Date:	
7. Reason for Duplicate: Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Mutilated <input type="checkbox"/>	
8. Signature of Applicant:	9. Date:
Document Needed <ul style="list-style-type: none">➤ Two passport size photographs➤ Passport or Driver's License<ul style="list-style-type: none">➤ \$15.00 fee	
FOR OFFICIAL USE	
Previous Receipt No:	
Duplicate Receipt No:	
Date:.....	
..... (for) Commissioner of Motor Vehicles	