

APPLICATION FOR REPLACEMENT DOCUMENT

RF 134

The application is for the following replacement documents(s) (please tick)

- (i) Registration Book €12
- Or
- Registration Certificate RF101 €12
- (ii) Tax Disc €6
- (iii) Trailer Licence Card €6

OFFICE USE ONLY							
Date received	<input style="width: 100%;" type="text"/>						
Fee Type	<input style="width: 100%;" type="text"/>						
Fee Amount	<input style="width: 100%;" type="text"/>						
	<table style="width: 100%; font-size: small;"> <tr> <td style="width: 33%;"><input type="checkbox"/> RC/RB</td> <td style="width: 33%;"><input type="checkbox"/> C/O</td> <td style="width: 33%;"><input type="checkbox"/> Cost Det</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> RC/RB	<input type="checkbox"/> C/O	<input type="checkbox"/> Cost Det	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> RC/RB	<input type="checkbox"/> C/O	<input type="checkbox"/> Cost Det					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Issue	15/4						
Rept serial no.	<input style="width: 100%;" type="text"/>						
Date issued	<input style="width: 100%;" type="text"/>						
	Office stamp						

I hereby declare that the document(s) ticked above in respect of vehicle registration number (index mark if trailer)

Make Model
 has been lost, destroyed, stolen or

The circumstances of the loss or destruction etc are as follows:

I request that a replacement be issued to me on payment of the prescribed fee and I undertake to return the original to the licencing authority if it should subsequently come into my possession

Signed
 Name (BLOCK LETTERS)
 Address

 Town/City
 County Phone no.
 Date
Day Month Year

TO BE COMPLETED AT A GARDA STATION

The above-named reported the loss/destruction or _____ of the document(s) ticked above. I am satisfied, on the basis of the information available to the Gardaí at this station and the position as elaborated on by the applicant, that this appears to be a valid application. The applicant has been reminded that any person making a false declaration is liable to prosecution and, on conviction, to heavy penalties.

Garda signature _____
 Date _____

Garda station stamp

1. The completed form must be sent to your local Motor Tax Office

CARD PAYMENT OPTIONS

Cardholder Name:	<input style="width: 100%;" type="text"/>	Card Type:	<input type="checkbox"/> Master Card	<input type="checkbox"/> M/Card Debit	<input type="checkbox"/> VISA	<input type="checkbox"/> VISA Debit
Cardholder Address:	<input style="width: 100%;" type="text"/>	Card Number:	<input style="width: 100%;" type="text"/>			
	<input style="width: 100%;" type="text"/>	Expiry Date:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	Cardholder Signature:	<input style="width: 100%;" type="text"/>

PRIVACY STATEMENT

The Department of Transport, Tourism and Sport (DTTAS) requires customers to provide certain personal data in order to carry out our legislative and administrative functions. The Department will treat all information and personal data that you provide as confidential, in accordance with the General Data Protection Regulation and Data Protection legislation.

Your personal data may be exchanged with other Government Departments or agencies under the remit of DTTAS in accordance with law. Full details of the Department's data protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available at www.dttas.gov.ie/dataprotection. Details of this policy are also available in hard copy upon request by emailing dataprotection@dttas.gov.ie or in writing to Data Protection Unit, Department of Transport, Tourism and Sport, Leeson Lane, Dublin D02 TR60.