

TRAILER/SEMI-TRAILER LICENSING OR CHANGE OF PARTICULARS

TF 100

Do NOT use this form for a Change of Ownership - See Note B

READ NOTES OVERLEAF BEFORE COMPLETING THIS FORM

1. TRAILER	1. Trailer 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 <input type="checkbox"/> No <input type="checkbox"/>	7. Trailer Type (Please Tick)
Box <input type="checkbox"/> T11	Livestock Transporter <input type="checkbox"/> T12	Skeletal <input type="checkbox"/> T02
Bulk Tanker <input type="checkbox"/> T13	Low Loader <input type="checkbox"/> T09	Tautliner <input type="checkbox"/> T07
Curtainsider <input type="checkbox"/> T08	Refrigerated Unit <input type="checkbox"/> T06	Tilt <input type="checkbox"/> T14
Flat Body <input type="checkbox"/> T05	Vehicle Transporter <input type="checkbox"/> T10	Tipper <input type="checkbox"/> T01
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	

2. OWNER	
Mr, Ms, etc.	First Name(s)
Surname OR Company Name	
Address	
Town/City	Phone No.
County	
Address at which trailer is ordinarily kept (Enter "as above" if trailer is kept at above address)	

3. CERTIFICATE OF ROADWORTHINESS	Number	Expiry Date
(See Note C3)		Day Month Year

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	

4.1 Expiry Date Of Last Licence	FROM FIRST DAY OF	TO LAST DAY OF	
	Month Year	Month Year	
4.2 Past Owner Period (if applicable)			
4.3 Non-Use Period (if applicable, see Section 6)			
4.4 Arrears Period (if applicable)			
4.5 Licence Now Required - 12 MONTHS			
4.6 First Licensing Fee (if applicable)			

Office
Use
Only

CASH	£
CHQ	£
PO	£
BD	£
OTHER	£

Date Rec'd

CRW ☐ KG ☐

CRW Fee (if any) £

Date

TOTAL £

Trailer Card
Serial No.

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

I declare that the particulars given on this form are

Signature

Date

TRAILER/SEMI-TRAILER WEIGHT IDENTIFICATION CERTIFICATE

(NOTE - PLEASE READ NOTES OVERLEAF BEFORE COMPLETING THIS CERTIFICATE)

TYPE OF TRAILER
(Tick appropriate box thus ✓)Draw Bar
Trailer☐

Semi-Trailer

☐Identification
Mark
(see note 3)

Make

Body
TypeYear of
ManufactureChassis
NumberNo. of
AxlesMaximum Design G.V.W. (See Note 4)
(Gross Vehicle Weight)

kg

kg

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

STAMP OF MANUFACTURER,
ASSEMBLER OR AUTHORISED
AGENT (See Note 5)Authorised
Signature

Date

DECLARATION (To be completed in certain circumstances only - see Note 5)

I hereby declare that for the reasons stated below, I have been unable to have the particulars required in the above certificate completed and certified by the Manufacturer/Assembler of the above trailer/semi-trailer, or by his authorised agent. I certify that to the best of my knowledge the weights specified in this certificate are the correct maximum design weights of the above trailer/semi-trailer.

Reason(s) Manufacturer's, etc. Certificate not available (State briefly)

Name of Vehicle Owner or person authorised
to sign on his behalf:

Signature:

Address:

Date: