## APPLICATION FOR A REPLACEMENT APPROVAL CERTIFICATE

(Passenger / Goods Vehicles (inc Trailers) and Motor Cycles etc.)



## PLEASE READ THE NOTES BELOW BEFORE COMPLETING THIS APPLICATION

The Motor Vehicles (Approval) Regulations 2001 and The Motor Cycles Etc (Single Vehicle Approval) Regulations 2003 and the Road Vehicle (Approval) Regulations 2009 provide for the issue of a replacement Approval Certificate in certain circumstances and provided the appropriate fee is received.

Please be aware that you may be required to present the vehicle for inspection in order for VOSA to verify the details.

If the original certificate is subsequently found, it must be returned to VOSA.

Please send your completed application to the Test Station where the vehicle was initially inspected.

VOSA test location address details can be found on: <a href="www.direct.gov.uk/vosatestlocations">www.direct.gov.uk/vosatestlocations</a>
For replacement certificate fees for either IVA, SVA or MSVA please go to:

www.businesslink.gov.uk/inspectionfees

**Data Protection :** The personal information you provide on this form will be used for the purposes of VOSA's statutory functions. It will not be disclosed to other organisations unless required or permitted by law. For further information, visit our Information Charter available from VOSA's website — **www.dft.gov.uk/vosa**.

APPLICANT DETAILS												
Name :	A											
Address :												
	W											
Postcode :				Telephone :						1		
VEHICLE DETAILS												
Make:				1.7%		W.						
Model:												
Year of Manufa											19	
Approx test dat												
Vehicle Identification Number (VIN) or chassis number :												
				A	,/A,							
Has the vehicle	gistered v	with D	VLA?		YE	S		<u> </u>	NO	. [		
If yes, please s	stration n	umbe	er:									
Please explain why the replacement is necessary :												
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PAYMENT DETAILS												
Payment Method : You will be contacted by telephone for Credit/Debit card payments.												
Cheque Postal Credit or Cash Pre-funded Order Debit card (with application made over the counter only)												
SIGNATURE AND CERTIFICATE DETAILS												
Signed :												
Full name in ca												
For and on beh	alf of :											
Original certificate serial number :												
Duplicate certificate serial number :												

An executive agency of the Department for **Transport**