

Application for Relief from Payment of Vehicle Registration Tax in respect of a Vehicle to be used in the Establishment or Maintenance of an International Air Service (or Ancillary Service) in the State

(Finance Act, 1992, s.134(4))

APPLICANT DETAILS	BUSINESS DETAILS
NAME:	VAT No.:
ADDRESS:.....	TEL:
.....	FAX:
.....	

VEHICLE & USAGE DETAILS

MAKE	MODEL	VERSION	CATEGORY OF USE <input checked="" type="checkbox"/>
			1. International Air Service <input type="checkbox"/>
CHASSIS NUMBER	FLEET NUMBER	AIRPORT	2. Radio/Met./Other Service <input type="checkbox"/>
			3. Experimental Purposes <input type="checkbox"/>

DECLARATION BY APPLICANT

I declare that:

- The above vehicle will be used solely for the purpose/use indicated using or involving the above airport
- VRT will be paid immediately if by reason of change of use the vehicle is used otherwise than in the above manner or if it is disposed of in the State and that I will give written and immediate notice to the Revenue Commissioners of any such change or disposal
- I will display the assigned registration number on the vehicle within 3 days of registration
- I will permit inspection of the vehicle by an Authorised Officer at all reasonable times

And I hereby apply for exemption under the Finance Act, 1992, s.134(4) to register the above vehicle in the State without payment of Vehicle Registration Tax.

Signature:	Position:	Date: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
------------	-----------	---

FOR OFFICIAL USE ONLY

AT AIRPORT	AT VRO						
<p>To Applicant:</p> <p>Permission is hereby granted under the Finance Act, 1992, s.134(4) to register the above vehicle in the State without payment of Vehicle Registration Tax.</p>	<p>To Surveyor/A.P.:</p> <p>I wish to advise that the above vehicle has now been entered in the VRT Register of Vehicles and has been assigned the registration number indicated below.</p>						
Signature:	Signature:						
Date: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Date: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>						
	<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center; border-bottom: 1px solid black;">Registration No.</th> </tr> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> </tr> </table>	Registration No.					
Registration No.							