



Application for deletion of registration

FAX with a copy of the ROS or the NCTS vehicle registration printout to 1890 555 553 (Central Vehicle Office, Revenue Commissioners, Rosslare Harbour, Co Wexford)

I request that vehicle:-

REGISTRATION NUMBER

Registration number input boxes: [] [] - [] [] - [] [] [] [] [] [] [] []

be deleted from the Register, on the basis of the following exceptional circumstances:-

Four horizontal dotted lines for describing exceptional circumstances.

REVENUE MAY REQUIRE PROOF OF THE CIRCUMSTANCES

Did the exceptional circumstances arise within 7 working days of registration? [] yes [] no

Has the vehicle been road taxed? [] yes [] no

Is the application being made within 21 days of registration? [] yes [] no

FAXING RECOMMENDED - OTHERWISE REGISTERED POST RECOMMENDED

Is the vehicle the subject of a repayment claim under any scheme? [] yes [] no

What distance, precisely, has the vehicle been driven since manufacture? [] km [] miles Tick appropriate box

TAN/PPSN/other Tax number [] [] [] [] [] [] [] [] [] [] [] []

Company name.....

Name..... Position in company.....

Signature..... Date...../...../.....

Tel..... Fax.....

email.....

FOR CENTRAL VEHICLE OFFICE USE ONLY

Deletion approvedHEO/AP; Repayment approvedHEO/AP. Initials & Date

Deregistered []; Repaid []; DoT informed [];Initials, Grade, and Date

Notes:-