

**SECTION 1 – Client Identification**

(PLEASE PRINT ALL INFORMATION IN BLOCK LETTERS)

CLIENT(S) or COMPANY NAME			
CLIENT MASTER NUMBER	DATE OF BIRTH		
RESIDENCE ADDRESS		MAILING ADDRESS (if different than residence)	
STREET NUMBER AND NAME, APT. NO.		STREET NUMBER AND NAME, PO BOX NO., RR. NO., APT. NO.	
CITY, TOWN OR VILLAGE	POSTAL CODE	CITY, TOWN OR VILLAGE	POSTAL CODE

**SECTION 2 – Vehicle Information**

CURRENT/PREVIOUS PLATE	VIN / SERIAL NUMBER	YEAR	MAKE	MODEL
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INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Effective: 

DD	MM	YY

 Expiry: 

DD	MM	YY

**SECTION 3 – Issuance of Antique Motorcycle Plate**

I/We hereby apply for an Antique Motorcycle permit and plate and certify that the following conditions exist;

a) I am/We are a resident of Nova Scotia within the meaning of the *Motor Vehicle Act*.  
 b) The described vehicle is at least 30 years old.  
 c) The described vehicle is in safe operating condition as certified by a certified mechanic below (IF NON MEMBER OF ANTIQUE CLUB).  
 d) I/We have a motor vehicle other than this vehicle registered in my/our name.  
 e) Proof of financial responsibility shall be maintained in force at all times.  
 f) The vehicle shall not be used for business or usual family purposes.

I hereby certify that the vehicle described herein, for which registration application is made, is at least 30 years old and has been tested for originality, running order and safety.

DD MM YY  
| | |

SECRETARY OF ANTIQUE CLUB \_\_\_\_\_

OR, Approved for Mechanical Fitness \_\_\_\_\_

I, \_\_\_\_\_, of \_\_\_\_\_ in the County of \_\_\_\_\_

\_\_\_\_\_ in the Province of Nova Scotia do hereby certify that:

1. I am a trade certified motorcycle mechanic in the Province of Nova Scotia holding Certificate Number \_\_\_\_\_  
 2. I have examined the mechanical components including the motor transmission and axle assembly and road tested the vehicle described above.

I certify that the vehicle was mechanically fit and roadworthy on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

3. I accept responsibility for the component safety and structural integrity of the vehicle described above.

DD MM YY  
| | |

Signature of Certified Mechanic \_\_\_\_\_

**SECTION 4 – Application for Replacement of Antique Motorcycle Plate**

I/We hereby make application for replacement of an Antique Motorcycle Plate.

The reason for replacement \_\_\_\_\_

**SECTION 5 - Applicant Declaration**

I/We hereby certify that the information, contained on this application, is true.

DD MM YY  
| | |

APPLICANT'S SIGNATURE(S) \_\_\_\_\_

**WARNING** > The *Motor Vehicle Act* provides a penalty of a fine and imprisonment for false statement of fact in this application.

**SECTION 6 - Payment Information**

Cheque (attached)       Certified Cheque (attached)       Money Order (attached)       Credit Card

**Terms of Credit Card Use:** By signing this form, I authorize Access NS / RMV to use the credit card details below to process payment for the attached batch of transactions. Access NS / RMV will destroy the credit card information after this batch of transactions is processed and will not use for any other purpose.

Credit Card Holder Signature \_\_\_\_\_

DD MM YY  
| | |

**Credit Card Payment Details**

(Cut and shred this section after processing)

- Visa (16 digits)       MasterCard (16 digits)       American Express (15 digits)

Account Number: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

M M Y Y