

Application to Nominate a Person in the Event of a Death of a Licence Holder

This form must be signed by the living vehicle licence holder to nominate an individual or company to apply to NTA to operate that licence in the 9 months following the death of the signatory. NTA will issue a Nomination Certificate on successful completion of the nomination. Keep this Certificate with your other important documents for reference after your death. Nominees can be changed by the living licence holder at any time. NTA will not contact nominees. All standard SPSV licencing criteria will apply to each nominee at the time they apply to operate the licence, including vehicle age and suitability, insurance and tax clearance status. There is no fee for this nomination. See www.nationaltransport.ie for further details. Companies cannot use this process.

SECTION 1: LICENCE HOLDER DETAILS

All fields are mandatory. Use BLOCK CAPITALS. Details should exactly match those on your current electronic tax clearance certificate, insurance and vehicle licence.

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|----------------------------------|----------------------|--|--|--|--|--|--|--|-------------------------------|----------------------|--|--|--------------|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|--|--|--|
| Surname | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First name | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PPSN | <input type="text"/> | | | | | | | | Vehicle Licence number | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| Licence Holder Signature: | <input type="text"/> | | | | | | | | | | | | Date: | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | | | |

SECTION 2: NOMINEE DETAILS

Fill in the details of the Nominee in BLOCK CAPITALS. Only complete 'Company name' and 'Tax reference number' if appointed nominee is a company and not an individual.

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|-------------------|----------------------|--|--|--|--|--|--|--|------------|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|--|--|--|--|--|--|--|
| Surname | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First name | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PPSN | <input type="text"/> | | | | | | | | DOB | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | | | | | | | |

OR

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|-----------------------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Company name | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tax Reference number | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

AND

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| Address | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact number | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 3: SUBMISSION OF FORM

Send the completed form to **SPSV Licensing Section, PO Box 436, City North Business Park, Tuam Road, Galway**

On receipt and successful processing, a Nomination Certificate will be sent to the licence holder. All incomplete applications will be returned. Only after such Nomination Certificate has issued will this nomination become valid.