



JAMAICA URBAN TRANSIT COMPANY LTD

Sub-Franchise Change of Vehicle Form

I / We

1 st Applicant	2 nd Applicant
Name:	Name:
Address:	Address:
Telephone:	Telephone:

Wish to change my/our motor vehicle currently licensed to operate as a JUTC sub-franchised unit on

Route Number:	Route Name:
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The details of the vehicle change are as follows:

Old Vehicle	New Vehicle
Year Make & Model:	Year Make & Model:
Registration Number:	Registration Number:
Engine Number:	Engine Number:
Chassis Number:	Chassis Number:

Original ID, registration certificate, certificate of fitness and insurance certificate (or cover note) are to be presented upon submission of this form.

(1st Applicant) Sign: _____ Date: _____

(2nd Applicant) Sign: _____ Date: _____

