CENTRAL MOTOR VEHICLES RULES, 1989

He/She is it present stationed at			
<u>-</u>		Designation	
Date		Signature of the Officer	
	FORM 45		
	[See Rule 82(1)]	
	APPLICATION FOR GRANT OF PERMIT IN	· -	
	То		
	The State Transport Authority		
	I/We the undersigned hereby apply for the grant of	permit for tourist vehicle valid throughout the	
ter	ritory of India in the State of		
	(s	pecify the names of the States)	
1.	Name of the applicant(s) in full		
2.	Status of the applicant, whether individual, company		
	or partnership firm, co-operative society, etc.		
3.	Name of father or husband (in case of individual and in case of firm or company the particular of managing		
1	partner or managing director, as the case may be)		
4.	Full address (To be supported by attested copy of		
	ration card, electricity bill, etc. in case of		
	individual, any other valid documentary proof to		
	the satisfaction of State Transport Authority and in case of company or firm, certified copy of the		
	Memorandum of Association or copy or partnership dec	ad)	
5.	(a) Whether the applicant himself intends to drive		
	the vehicle?		
	(b) If also, whether the applicant —		
	(i) Holds heavy passenger motor vehicle driving		
	licence		
	(ii) The number, date and validity period of driving		
	licence		
	(iii) Name and address of the licensing authority		
6.	Registration certificat along with the date of first		
	registration, insurance certificate number		
7.	Details of other permits, if any, held in respect of a		
	particular vehicle		
8.	Details of total number of tourist permits held by		
	the applicant		
9.	Type of vehicle		
	Make of motor vehicle		
11.	Particulars of convictions/suspensions/concellation		
	if any during the past three years in respect of the		
	vehicle/permit held by the applicant(s)		
12.	I/We forward herewith the certificate of		
	Registration of the vehicle or I/We will produce the		
	certificate of Registration of he vehicle before the		
10	permits and issued		
	I/We herby declare that the above statements are		
	true and due I/We am/are resident(s) of this State		
	having principal place of business in this State at		
14.	I/We have paid the fee of Rs.	Signature of thumb impression of the April and	
	Date	Signature of thumb impression of the Applicant	