



FOR OFFICE USE ONLY
Licence No:
Uniform Ref:
Issued Date:
Expiry Date:
Receipt No:
Method of Payment:
Fee Paid:
Date Received:
Payee Name:

## APPLICATION FOR A CHERISHED PLATE

Local Government (Miscellaneous Provisions) Act 1976 - Part II  
Public Health Act 1875, as amended

**Fee: £60**

We will issue replacement plates (external and internal) and replacement documents showing new registration

- 1) a. Applicant Name (this must be the Director if applying on behalf of a company):

\_\_\_\_\_

- b. Company (if vehicle is company owned):

\_\_\_\_\_

- 2) Current DVLA Registration: \_\_\_\_\_

- 3) Licence Plate Number: \_\_\_\_\_

- 4) New DVLA Registration: \_\_\_\_\_

**I confirm I have provided the following required documents:**

Confirmation from the DVLA confirming personalised registration plate   
Vehicle Registration Document (In new registration)

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

**DATA PROTECTION**

Please see our Privacy Notice at <https://www.threerivers.gov.uk/privacy-notice>

