

WALK-IN SUBMISSION FORM	
APPLICATION FOR REGISTRATION INSPECTION	
Section A – Details of Applicant	
Name/Company Name	
ID Type	<input type="checkbox"/> Singapore NRIC <input type="checkbox"/> Company Certificate No. <input type="checkbox"/> Passport No. <input type="checkbox"/> Business Certificate No. <input type="checkbox"/> Malaysian IC <input type="checkbox"/> Foreign Identification No. (FIN)
ID/Number/RCB Number	
Authorisation (Please fill up this section if this application is submitted on your behalf.)	
I/We Hereby authorise <Name> _____ bearing <NRIC/Passport No.> _____ to submit documents on behalf of my company/myself, <Company Name & RCB No. / Applicant Name & ID No.> _____ _____ for the Application for Registration Inspection for <Make Model> _____	
Details of Contact Person	
Name	
ID Type	<input type="checkbox"/> Singapore NRIC <input type="checkbox"/> Foreign Identification No. (FIN) <input type="checkbox"/> Passport No. <input type="checkbox"/> Malaysian IC
ID Number	
Mailing Address	
Block/House Number	
Street Name	
Floor Number	
Unit Number	
Building Name	
Postal Code	
Telephone Number (H/P)	
Telephone Number (Home)	
Telephone Number (Office)	
Pager Number	
Fax Number	
Email Address	

Name of Company/Applicant

Date:

10 Sin Ming Drive Singapore 575701
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APPLICATION FOR REGISTRATION INSPECTION	
10 Sin Ming Drive Singapore 575701 Tel: 1800 2255 582 Fax: (65) 6553 5329	
Section B – Type of Application	
Vehicle Class	
Body	
Attachment	
Build Up Cost	
Section C – Registration Inspection Application	
Drawing Approval Number	
Underrun Bumper Approval Number	
Sideguard Approval Number	
Registration Inspection for Approved Vehicle Model	
<input type="checkbox"/> Previous Approval Code : _____ <input type="checkbox"/> Previous Approval Code Not Available	
Registration Inspection for Model Pending Approval	
<input type="checkbox"/> Reference Application Number: _____ (applicable only to model pending approval)	
<input type="checkbox"/> Request for Waiver of Registration Inspection for Approved Model (mainly for fleet operators) Number of Vehicles Applied for Waiver: _____ (max number is 50) Reference Application Number: _____ (for pending approval case)	
Reason for Waiver Request : _____	

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Section D – Vehicle Identity			
Make			
Model Name			
# Model Code (if available)			
Classification of Vehicle	Car <input type="checkbox"/> MPV <input type="checkbox"/> Convertible (Soft Top) <input type="checkbox"/> Coupe <input type="checkbox"/> Hatchback <input type="checkbox"/> Convertible (Hard Top) <input type="checkbox"/> Sedan/Saloon <input type="checkbox"/> SUV <input type="checkbox"/> Stationwagon <input type="checkbox"/> Taxi		
	<input type="checkbox"/> Motorcycle/Scooter		
	Goods Vehicle <input type="checkbox"/> Goods cum Passenger <input type="checkbox"/> Lorry <input type="checkbox"/> Trailer <input type="checkbox"/> Prime Mover <input type="checkbox"/> Van		
	Bus		
	<input type="checkbox"/> Excursion Bus	<input type="checkbox"/> School Bus (With Adult Worker Contract)	
	<input type="checkbox"/> Private Bus	<input type="checkbox"/> School Bus (Without Adult Worker Contract)	
	<input type="checkbox"/> Private Hire Bus	<input type="checkbox"/> Omnibus	
	<input type="checkbox"/> Others: _____		
	Trailer Chassis Number		
	Passenger Capacity (excluding driver)		
Right Hand Drive	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Doors			
New Generation Vehicle	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Electric <input type="checkbox"/> Fuel Cell		<input type="checkbox"/> Hybrid <input type="checkbox"/> Hydrogen <input type="checkbox"/> Liquefied Petroleum Gas <input type="checkbox"/> Natural Gas
S/No	Engine Number	Chassis Number	Motor Number
1			
2			
3			
4			
5			
6			
7			
8			
9			

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Section E – Vehicle Technical Data		
Dimension		
Overall Length (mm)		
Overall Width (mm)		
Overall Height (mm)		
Rear Overhang (mm)		
Ground Clearance (mm)		
Body Turning radius (m)		
Wheel Turning radius (m)		
Number of Axles		
Type of Cargo Compartment	<input type="checkbox"/> Enclosed <input type="checkbox"/> Open <input type="checkbox"/> Others: _____	
Length of Cargo Space (mm)		
Width of Cargo Space (mm)		
Height of Enclosed Cargo Space (mm)		
Engine		
Propellant	<input type="checkbox"/> Petrol <input type="checkbox"/> Bi-fuel CNG <input type="checkbox"/> Diesel <input type="checkbox"/> Compressed Natural Gas (CNG) <input type="checkbox"/> Hybrid <input type="checkbox"/> Electric <input type="checkbox"/> Gas	
Engine Capacity (cc)		
Maximum Power Output		
Emission Standards		
Directive/Regulation Number		
Transmission		
Transmission Type	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Sequential Manual (SMT) <input type="checkbox"/> Continuous Variable (CVT)	
Number of Forward Speeds		
Seating Capacity		
Front (including driver)		
Rear (seaters)		
Rear (standees)		

Name of Company/Applicant

Company Stamp (if applicable)

Date:

Wheels		
Type	<input type="checkbox"/> Cross Ply	<input type="checkbox"/> Radial
	<input type="checkbox"/> Others: _____	
Front Wheels Tyre Specification		
Rear Wheels Tyre Specification		
Section F – Additional Fields (for Natural Gas Vehicle)		
Type of Gas Storage	<input type="checkbox"/> Compressed	<input type="checkbox"/> Liquefied
No. of Tanks		
Tank S/No: 1		
Location of Gas Tank		
Serial Number of Gas Tank		
Type of Tank	<input type="checkbox"/> Type 1 – Metal <input type="checkbox"/> Type 2 – Metal Liner Reinforced (Hoop Wrapped) <input type="checkbox"/> Type 3 – Metal Liner Reinforced (Fully Wrapped) <input type="checkbox"/> Type 4 – Fully Composite <input type="checkbox"/> Others: _____	
Date of Tank Manufacture	(dd mmm yyyy)	
Next Recertification Date of Tank	(dd mmm yyyy)	
Storage Tank capacity (litres)		
Maximum Range (km) per Tank		
Tank S/No: 2		
Location of Gas Tank		
Serial Number of Gas Tank		
Type of Tank	<input type="checkbox"/> Type 1 – Metal <input type="checkbox"/> Type 2 – Metal Liner Reinforced (Hoop Wrapped) <input type="checkbox"/> Type 3 – Metal Liner Reinforced (Fully Wrapped) <input type="checkbox"/> Type 4 – Fully Composite <input type="checkbox"/> Others: _____	
Date of Tank Manufacture	(dd mmm yyyy)	
Next Recertification Date of Tank	(dd mmm yyyy)	
Storage Tank capacity (litres)		
Maximum Range (km) per Tank		
Total Storage Tank Capacity (litres)		
Total Maximum Range (km)		

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Leak Warning Indicator	
Safety Features (Please state)	

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Section F – Additional Fields (for Electric Vehicle)			
Number of Traction Motor			
Driven Wheels	<input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> All	
Motor S/No: 1			
Motor Make			
Motor Type	<input type="checkbox"/> AC Synchronous <input type="checkbox"/> AC Induction	<input type="checkbox"/> DC Brushless <input type="checkbox"/> Others: _____	
Motor Rated Voltage (V)			
Power	_____ kW @ _____ RPM		
Torque	_____ Nm @ _____ RPM		
Motor S/No: 2			
Motor Make			
Motor Type	<input type="checkbox"/> AC Synchronous <input type="checkbox"/> AC Induction	<input type="checkbox"/> DC Brushless <input type="checkbox"/> Others: _____	
Motor Rated Voltage (V)			
Power	_____ kW @ _____ RPM		
Torque	_____ Nm @ _____ RPM		
Total Motor Power (Motor 1 + Motor 2)			
Type of Battery	<input type="checkbox"/> NiMH <input type="checkbox"/> Lead Acid	<input type="checkbox"/> Lithium Ion <input type="checkbox"/> Lithium Polymer	<input type="checkbox"/> Others: _____
Battery Voltage (V)			
Battery Capacity (Ah)			
Number of Modules			
Re-charging Time (hrs)			
Charing Mode	<input type="checkbox"/> Inductive	<input type="checkbox"/> Conductive	<input type="checkbox"/> Others: _____
Maximum Range per Charge (km)			
Specific Power (W/kg)			
Energy Density (Wh/kg)			
Energy Efficiency (%)			

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Safety Features (Please state)	
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Section F – Additional Fields (for Hybrid Vehicle)			
Configuration	<input type="checkbox"/> Parallel	<input type="checkbox"/> Series	<input type="checkbox"/> Others: _____
Hybrid System Model			
Hybrid System Code			
Motor S/No: 1			
Motor Make			
Motor Type	<input type="checkbox"/> AC Synchronous <input type="checkbox"/> AC Induction	<input type="checkbox"/> DC Brushless <input type="checkbox"/> Others: _____	
Motor Rated Voltage (V)			
Power	_____ kW @ _____ RPM		
Torque	_____ Nm @ _____ RPM		
Motor S/No: 2			
Motor Make			
Motor Type	<input type="checkbox"/> AC Synchronous <input type="checkbox"/> AC Induction	<input type="checkbox"/> DC Brushless <input type="checkbox"/> Others: _____	
Motor Rated Voltage (V)			
Power	_____ kW @ _____ RPM		
Torque	_____ Nm @ _____ RPM		
Total Motor Power (Motor 1 + Motor 2)			
Type of Battery	<input type="checkbox"/> NiMH <input type="checkbox"/> Lead Acid	<input type="checkbox"/> Lithium Ion <input type="checkbox"/> Lithium Polymer	<input type="checkbox"/> Others: _____
Battery Voltage (V)			
Battery Capacity (Ah)			
Number of Modules			
Safety Features (Please state)			

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Section F – Additional Fields (for Fuel Cell Vehicle)			
Fuel Cell System	<input type="checkbox"/> Direct Hydrogen <input type="checkbox"/> Reformer	<input type="checkbox"/> Others: _____	
Location of Fuel Cell	<input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Roof <input type="checkbox"/> Others: _____	
Number of Traction Motor			
Driven Wheels	<input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> All	
Motor S/No: 1			
Motor Make			
Motor Type	<input type="checkbox"/> AC Synchronous <input type="checkbox"/> AC Induction	<input type="checkbox"/> DC Brushless <input type="checkbox"/> Others: _____	
Motor Rated Voltage (V)			
Power	_____ kW @ _____ RPM		
Torque	_____ Nm @ _____ RPM		
Motor S/No: 2			
Motor Make			
Motor Type	<input type="checkbox"/> AC Synchronous <input type="checkbox"/> AC Induction	<input type="checkbox"/> DC Brushless <input type="checkbox"/> Others: _____	
Motor Rated Voltage (V)			
Power	_____ kW @ _____ RPM		
Torque	_____ Nm @ _____ RPM		
Total Motor Power			
Type of Battery	<input type="checkbox"/> NiMH <input type="checkbox"/> Lead Acid	<input type="checkbox"/> Lithium Ion <input type="checkbox"/> Lithium Polymer	<input type="checkbox"/> Others: _____
Battery Voltage (V)			
Battery Capacity (Ah)			
Motor Model Code			
Maximum Range (km)			
Location of Storage Tank			
Storage Tank Certification Standards			
Number of Hydrogen Sensor			
Hydrogen Leak Warning			

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Energy Efficiency (%)	
Storage Tank Capacity	_____ Litre or _____ Kilograms
Maximum Range (km) per Tank	
Safety Features (Please state)	

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Section F – Additional Fields (for LPG Vehicle)		
Type of Gas Storage	<input type="checkbox"/> Compressed	<input type="checkbox"/> Liquefied
No. of Tanks		
Tank S/No: 1		
Location of Gas Tank		
Serial Number of Gas Tank		
Type of Tank	<input type="checkbox"/> Type 1 – Metal <input type="checkbox"/> Type 2 – Metal Liner Reinforced (Hoop Wrapped) <input type="checkbox"/> Type 3 – Metal Liner Reinforced (Fully Wrapped) <input type="checkbox"/> Type 4 – Fully Composite <input type="checkbox"/> Others: _____	
Date of Tank Manufacture	(dd mmm yyyy)	
Next Recertification Date of Tank	(dd mmm yyyy)	
Storage Tank capacity (litres)		
Maximum Range (km) per Tank		
Tank S/No: 2		
Location of Gas Tank		
Serial Number of Gas Tank		
Type of Tank	<input type="checkbox"/> Type 1 – Metal <input type="checkbox"/> Type 2 – Metal Liner Reinforced (Hoop Wrapped) <input type="checkbox"/> Type 3 – Metal Liner Reinforced (Fully Wrapped) <input type="checkbox"/> Type 4 – Fully Composite <input type="checkbox"/> Others: _____	
Date of Tank Manufacture	(dd mmm yyyy)	
Next Recertification Date of Tank	(dd mmm yyyy)	
Storage Tank capacity (litres)		
Maximum Range (km) per Tank		
Total Storage Tank Capacity (litres)		
Total Maximum Range (km)		
Leak Warning Indicator		
Fuel System	<input type="checkbox"/> Bi-fuel <input type="checkbox"/> LPG Only	<input type="checkbox"/> LPG/Diesel <input type="checkbox"/> LPG/Petrol
Safety Features (Please state)		

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Section F – Additional Fields (for Hydrogen Vehicle)		
Fuel State	<input type="checkbox"/> Gas	<input type="checkbox"/> Liquid
Location of Hydrogen Storage Tank		
Hydrogen Tank Certification Standards		
Storage Tank Capacity	_____ Litre or _____ Kilograms	
Maximum Range (km) per Tank		
Number of Hydrogen Sensor		
Leak Warning Indicator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Energy Efficiency		
Safety Features		

Name of Company/Applicant

Date:

Section H - Declaration

I/We declare that all the information and data supplied in this submission is true and correct. ☐

Section I – Notes on Payment of Application

(a) Please maintain sufficient funds in your bank account to cover the deductions. In the event of unsuccessful deduction of the application fee, e.g. due to “insufficient fund”, LTA shall inform you of the failed deduction and you shall make payment of the application in cash or NETS over the counters at Vehicle Engineering Division, Land Transport Authority, 10 Sin Ming Drive Singapore 575701 and an administrative fee may be levied.

(b) Application approval shall be subject to the successful deductions from your designated bank account.

Section J – Notes on Scanning Services

In the event an applicant is unable to submit his application electronically, LTA may, at the applicant's request, provide a scanning service of documents from hard copy to electronic copy.

All information submitted to LTA including the correct details of the vehicle, registered owner and any other information as may be required, whether submitted in hard or electronic copy, shall be treated as the final correct and true copy. No changes to the information as provided to LTA shall be allowed.

Section K – Miscellaneous Information

You may provide additional information to support this application:

Name of Company/Applicant

Date:
