



An Roinn Iompair,  
Turasóireachta agus Spóirt  
Department of Transport,  
Tourism and Sport

Return this application to:  
**Road Transport Operator Licensing Unit**  
Department of Transport, Tourism and Sport  
Clonfert House, Bride Street, Loughrea, Co. Galway H62 ET93

## APPLICATION FOR ECMT ANNUAL LICENCE(S)

Section 1	Haulage Licence Details	<i>Office Use Only</i>
<b>1A</b>	International Road Haulage Operator Licence <input type="checkbox"/>	
<b>1B</b>	Licence No. _____	

Section 2		Licensee Details
<b>2A</b>	Name of Licensee _____	
<b>2B</b>	Address _____	
<b>2C</b>	Office Phone No. _____	<b>2D</b> Mobile No. _____
<b>2E</b>	Office E-mail _____	
<b>2F</b>	For which country/countries do you intend to use the ECMT licence? _____	

Section 3				Vehicle Details
<b>3A</b> Registration Number(s) of Vehicle(s) _____				
(Please attach additional pages if required)				
Type of Certificate		Category of Vehicle / Number required		
<b>3B</b> ECMT Certificate(s) of Compliance with technical safety requirements for a <b>Motor Vehicle</b> (light green certificate) Please enter the number of certificates required under each category as applicable		Euro V	Euro VI	EEV
<b>3C</b> ECMT Certificate(s) of Compliance for a <b>Trailer</b> with technical safety requirements (light yellow certificate) Please enter the number of certificates required: _____				
<b>3D</b> ECMT Certificate(s) for Roadworthiness Test for a <b>Motor Vehicle</b> (white certificate) Please enter the number of certificates required: _____				
<b>3E</b> ECMT Certificate(s) for Roadworthiness Test for a <b>Trailer</b> (white certificate) Please enter the number of certificates required: _____				
<b>NOTE:</b> • Light green certificate and white certificate required for each Motor Vehicle • Light yellow certificate and white certificate required for each Trailer				

Section 4		DECLARATION AND SIGNATURE
		<b>DECLARATION</b>
I undertake that any ECMT Licence issued to me will be used for a vehicle authorised on my International Road Haulage Operator Licence and also that the appropriate Certified True Copy of the Community Licence will be carried on board the vehicle.		
Signed _____	Name in BLOCK CAPITALS _____	
Status in Undertaking _____	Date _____	
(Sole Trader/Director/Secretary/Partner/ Member of Cooperative Committee of Management)		
For further information contact the Road Transport Operator Licensing Unit at: Telephone 091 872950 Lo-call 0761 001 601 E-mail <a href="mailto:rtol@dttas.gov.ie">rtol@dttas.gov.ie</a> Website <a href="http://www.rtol.ie">www.rtol.ie</a>		