## KINGSTON AREA TAXI LICENSING COMMISSION

1201 Division Street, Unit 12, Kingston ON, K7K 6X4 Telephone: (613) 547-3763 Fax: (613) 547-2857 Cell: (613) 532-1241

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## VEHICLE REPLACEMENT EXTENSION ACKNOWLEDGEMENT

As per Bylaw No.2 Sec. 3(10) b, years old (model years 2007 and				
Effective	ed below has been	granted an	extension of six n	nonths from the
provisions of Bylaw No.2 Sec. 30 PLATEHOLDER INFORMATION		w be replace	ed by June 30, 20	<u>022.</u>
Address:			Unit Number	r:
City:	Province:		Postal Code.	
Telephone Number:		_ Email:		
VEHICLE INFORMATION:				
Year:Make:		_ Model:		_Colour:
VIN:	Ontario	o Plate Numb	er:	
Odometer reading:	Taxi Plate #:		Top Sign #:	
Insurance Broker:	Policy Number:			
I am submitting this docum	ment with a valid C	Ontario Safet	y Standards Certi	ficate.
G:	(Platel	nolder)	-	
Signature			Date	
Licence Inspector/Assignee			Date	



