

# ▶ APPLICATION FOR A DIGITAL TACHOGRAPH COMPANY CARD

RSA

Please use BLOCK CAPITALS  
in completing this form.

- ▶ APPLICANTS SHOULD BE THE OWNER, OPERATOR OR HOLDER OF VEHICLES FITTED WITH DIGITAL TACHOGRAPH RECORDING EQUIPMENT.
- ▶ A FEE OF €50 IS APPLICABLE FOR EACH COMPANY CARD REQUESTED. PAYMENT FOR THIS FEE SHOULD BE MADE PAYABLE BY CHEQUE OR POSTAL ORDER TO THE ROAD SAFETY AUTHORITY (CASH SHOULD NOT BE SENT IN THE POST)

## DETAILS OF APPLICANT / OPERATOR:

SURNAME

FIRST NAME

ADDRESS

TEL

FAX

E-MAIL

## FOR OFFICIAL USE ONLY

DATE OF APP. \_\_\_\_\_

NO. OF REC. \_\_\_\_\_

CARD NO. \_\_\_\_\_

## TYPE OF OPERATOR:

OWN ACCOUNT

HIRE OR REWARD

IF OWN ACCOUNT PROVIDE COMPANY REGISTRATION NUMBER (CRN) AND/OR PPSN

CRN

PPSN (formerly R.S.I. Number)

(Available from the Department of Social and Family Affairs)

IF HIRE OR REWARD PROVIDE ROAD PASSENGER TRANSPORT OPERATORS LICENCE (RPTOL) OR ROAD FREIGHT CARRIERS LICENCE (RFCL) NUMBER

RPTOL

RFCL

## COMPANY DETAILS: (If applicable)

COMPANY NAME

ADDRESS

POSITION IN COMPANY

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TEL  FAX  E-MAIL

**TYPE OF APPLICATION:** (Please tick as appropriate)

FIRST APPLICATION  REPLACEMENT  RENEWAL

**IF REPLACEMENT PLEASE STATE REASON:**

LOST  STOLEN  DAMAGED  OTHER (SPECIFY)

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▶ If lost or stolen please attach a report of where and when you reported the matter.

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▶ If your card has malfunctioned or is damaged it must be returned with an application for a replacement.

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**NUMBER OF COMPANY CARDS REQUIRED:**

NUMBER OF CARDS

ARE YOU THE HOLDER OF OR HAVE YOU HELD ANY OTHER TYPE OF DIGITAL TACHOGRAPH CARD?

YES  NO

IF "YES", GIVE TYPE OF CARD AND DETAILS

**DECLARATION BY AUTHORISED PERSON:**

(The authorised person signing this application form must read this declaration carefully before signing. His/her signature signifies his/her acceptance of the conditions contained therein.)

I confirm that I am the person authorised to apply for a company/operator card and I declare that the information given by me in this application is correct.

**IMPORTANT**

**You must sign this application below in black ink and your signature must be completely within the box.**

SIGNATURE:

This signature will be affixed to card, if you do not sign wholly within the box your application may be returned to you.

DATE: