

**APPLICATION TO CREATE/DEACTIVATE PARKING PLACE FOR OVERNIGHT PARKING OF
HEAVY VEHICLE AND
ASSIGN/TERMINATE VEHICLE PARKING CERTIFICATES (VPCs)**
The Parking Places Act (Chapter 214)

LTA reserves the right to update the form without prior notice.

Please ensure form is the latest. You can download forms from www.onemotoring.com.sg.

This form may take 10 minutes to complete. You will need the following information to complete the form:

- a) School Name as in ACRA
- b) School UEN no. as in ACRA
- c) HV Owner Name and ID as in ACRA/NRIC, if you are assigning VPCs
- d) Architect-endorsed Site Plan

IMPORTANT NOTE

Please enclose all the required documents before submitting.

The submission of an incomplete application or failure to follow the instructions stated, will cause a delay in the processing of your application. A complete application includes the receipt of the documents as described above, after which your application will then be processed.

NOTES TO APPLICANT

Please read the following instructions before completing the application form.

- i) The applicant shall be deemed to have read and understood the Parking Places (Licensing and Control of Private Parking Places for Heavy Vehicles) Rules.
- ii) Fill in **Part I and Part IV** and **any other Parts** as required according to your transactions.
- iii) Each VPC costs \$6. There is no GST for VPC fees.
- iv) Please submit the completed form to the LTA Vehicle Parking Counters at **10 Sin Ming Drive, VTL Building, Singapore 575701**. Applications with incomplete forms or documents will not be processed.
- v) For Enquiry: Please email us at www.lta.gov.sg/feedback
- vi) **Operating Hours of HV License & VPC Counter 29 at 10 Sin Ming Drive are:**
0800 – 1130 hours & 1230 – 1630 hours on Mondays.
We are closed from Tuesdays to Sundays.

PART I: HEAVY VEHICLE PARK OPERATOR DETAILS

- 1) School Name (Operator): _____
- 2) School UEN Number : _____
- 3) Address of School: _____
_____ Postal Code: _____
- 4) Office Tel No: _____ Fax No: _____
Mobile No: _____ Email Address: _____
[For email correspondence]
Contact Person: _____ (MR / MRS / MS / PROF / DR) *Delete where applicable
- 5) Mailing Address: _____
_____ Postal Code: _____

PART II: TERMINATE VPCs

¹D – Deregistration of vehicle, L – Lay-up of vehicle, T – Transfer of vehicle, C – Change of parking place, Co-Conversion of vehicle, Ch – Wrong Chassis No

S.No.	Vehicle No. or VPC No.	Termination Reason (There is no refund for VPCs terminated) (D/L/T/C/Co/Ch) ¹

PART III: ASSIGN VPCs

²C – Conversion of vehicle; N – New Registration of vehicle; R – Road tax renewal; T – Transfer of vehicle

S.No.	Vehicle No or Chassis No** (**applicable for new registration only)	Purpose (C/N/R/T) ²	HV Owner Name	HV Owner ID	VPC Start Date	VPC End Date

6) If the HV Owner is a **first time asset owner**, please provide the following details. Please submit the business profile from ACRA.

S.No.	HV Owner Name	Registered Address	Contact No.	Email Address

PART IV: AUTHORISATION
(IMPORTANT: PLEASE READ BEFORE SIGNING)

I, represent and warrant that all information provided by me in this application and in any document submitted to you is true, accurate and complete.

Name of Authorised Person: _____ Designation: _____

Date: _____

Signature

School Stamp