FORM GCPA.

Application for permit in respect of Goods Carriage. (See rule 170)

	To The	e Regional / Sta	ate Transport Authority,			
	ne ur	ndersigned here		ons 69, 76, 77 and 80 of the Mo ivate carrier permit under the pro		
	1.	a) Name		<u>:</u>		
		b) Age (in wo	ords and figures)	:		
		c) If the appli name and	icant is a minor, full address of the guardian	:		
2.		Father name / Husband name (in the case of individual)		:		
	3.	Full address		:		
	4.	Area / route for which the permit is required		:		
	5.	Nature of goods to be carried		:		
	6.		e and capacity of vehicle including trailer and alternative trailers or articulated vehicle cosed to be put on the road -			
		Type.	Unladen weight.	Registered Laden	Registration	
		(1)	(2)	weight in Kgs. (3)	Marks (4)	
	7. 8.	In the case of the Private Carrier :				
	9.	Particulars of serivce to be performed by the vehicle and the manner in which it is claimed that a public need will be served by the vehicle.				
	4.0					
	10.	 Particulars of previous permit, certificate or registration cancelled or vehicles seized on according of the offences committed under any law or any rule made thereunder prohibiting or regula the import or transport of passengers or goods. 				

	Signature of applicant.
Date:	
I / We hereby declare that the above statement are true.	
12. I / We desire the permit valid for years.	
11. I / We enclose cash / challan / cheque / money order receipt for Rs	
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Note:- 1. Strike out words not applicable.

- 2. In the case of applicants who are not individual please state whether –
 (a) Partnership firm.
 - (4)
 - (b) Private or public limited company.
 - (c) Registered co-operative society.
- 3. In the case of clause (a) above, please attach statement showing the names and address of Managing Partner and Partners.
- 4. In the case of clause (b) above, please attach statements showing the names and address of Managing Director and Directors.
- 5. In the case of clause (c) above, please attach copy a of the certificate of registration.