

MINISTRY OF TOURISM

-JAMAICA TOURISM CENTRE-

3RD FLOOR, 64 KNUTSFORD BOULEVARD, KINGSTON 5, JAMAICA, WEST INDIES TEL: (876) 920-4926-30 FAX (876) 920-4944

APPLICATION FOR GROUND TRANSPORTATION CONCESSION

1.	Name:
2.	Home Address:
2.	Home Address.
3.	Business Address:
4.	Telephone #: (HOME): (CELL): (FAX):
5.	LICENSED WITH (Please tick the appropriate box):
6.	JAMAICA TOURIST BOARD LICENCE EXPIRY DATE:
7.	HAVE YOU BENEFITTED BEFORE? (Please tick the appropriate response):
	Yes If Yes, please indicate the date of last benefit: No
8.	MAKE, MODEL & YEAR OF VEHICLE(S) (One vehicle per line) Please attach the relevant Pro Forma Invoice(s)
	a
	b
	c
9.	SEATING CAPACITY:
10.	EXISTING FLEET AMOUNT: Indicate if vehicle will: Replace a fleet vehicle or Expand existing fleet.
	SE READ CONDITIONS CAREFULLY BEFORE AFFIXING YOUR SIGNATURE AS PERSONS WHO MISLEADING INFORMATION WILL BE HELD LIABLE.
(i) (ii) (iii) (iv) (v)	Vehicles cannot be transferred outside the Tourism Industry; Vehicles cannot be transferred without authorization from the Ministry of Tourism;
APPLI	CANT'S SIGNATURE DATE:
DOCUMENTS REQUIRED FOR CONCESSION	
	□ Cover Letter/Membership Letter □ TCC: Expiry Date: □ Fee Voucher □ Invoice(s), with: □ JTB Licence □ CIF value

□ Application Form

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Revised 2014

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☐ Chassis Number