



**FM1501 HOLDER OF  
TRADE /  
PROFESSIONAL LICENSE PLATE**

**TRADE / PROFESSIONAL LICENSE PLATE No. Z/V:**

.....

**YEAR of validity:**

.....

**HOLDER OF TRADE / PROFESSIONAL LICENSE PLATE**

THE UNDERSIGNED (LAST NAME) .....

ACTING IN THE CAPACITY      ACTIVE PARTNER - DIRECTOR - MANAGING DIRECTOR -  
MANAGEMENT BODY -

COMPANY / NAME: .....

Address .....

.....

COMPANY NUMBER ( if .....

CLIENT No. (or BCE Unit .....

Certifies that the person named below is duly authorized to use the vehicles  
belonging to the company and operating under this trade/professional license plate registration.

SIGNATURE + DATE: .....

**USER OF TRADE / PROFESSIONAL LICENSE PLATE:**

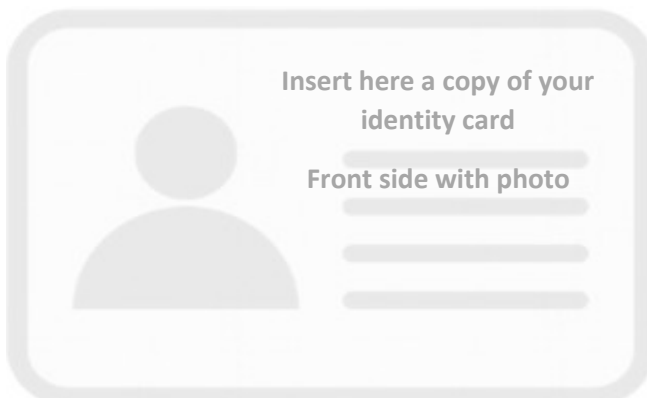
LAST .....

Address .....

.....

ACTING IN THE CAPACITY      REPRESENTATIVE – EMPLOYEE – ASSISTING FAMILY MEMBER  
(circle the applicable option)

SIGNATURE + DATE: .....



**DATE RECEIVED + STATION STAMP**

As a reminder, the license plates must be affixed to the  
vehicle before entering the vehicle inspection site