

# Letter of Intent to Transfer Vehicle Plate

**Niagara Region**  
Business Licensing  
5853 Peer Street, Second Floor  
Niagara Falls, Ontario  
L2G 1X9

905-980-6000 ext. 6380  
niagararegion.ca/business

**Please complete and return this form in person.**

## Licencee Information

Licencee's full name:

Address of licencee:

Licencee phone number:

Licencee email:

## Purchaser Information

Purchaser's full name:

Address of purchaser:

Purchaser phone number:

Purchaser email:

Licencee's Signature:

Date (mm/dd/yyyy):

Purchaser's Signature:

Date (mm/dd/yyyy):

### For office use only

Completed by (file no.):

CNI D/L