

APPLICATION FOR ISSUE / RENEWAL / SUBSTITUTION OF GENERAL / PRIVATE / MOTOR CYCLE DRIVER'S LICENCE ROAD TRAFFIC ACT

INSTRUCTION : COMPLETE BOXES 1 TO 15.

NOTE: AN APPLICANT WHO MAKES A FALSE DECLARATION IS GUILTY OF AN OFFENCE

1. SURNAME (MR. / MRS. / MISS)		2. FIRST NAME		3. MIDDLE NAME	
4. ADDRESS				5. OCCUPATION	
6. PLACE AND PARISH OF BIRTH		7. NATIONALITY		8. SEX	9. DATE OF BIRTH DAY MONTH YEAR
10. CLASS OF LICENCE	11. PLACE ISSUED (EXAMINATION DEPOT)	12. COLLECTORATE OF FIRST ISSUE		13. DATE OF FIRST ISSUE DAY MONTH YEAR	
14. STATE TYPE(S) OF VEHICLE(S) LICENSED TO DRIVE				15. APPLICATION DATE DAY MONTH YEAR	

I DECLARE THAT ALL THE PARTICULARS STATED ABOVE ARE TRUE AND CORRECT.
SIGNATURE OF APPLICANT

FOR OFFICIAL USE ONLY

16. <input type="checkbox"/> NEW APPLICANT <input type="checkbox"/> AMENDMENT		17. COLLECTORATE AND CODE	
<input type="checkbox"/> RENEWAL <input type="checkbox"/> SUBSTITUTION			
18. RECEIPT NO	19. CERTIFICATE OF COMPETENCE NO.	20. CERT. OF COMP. DATE DAY MONTH YEAR	21. LICENCE EXPIRY DATE DAY MONTH YEAR
22. JUDICIAL ENDORSEMENTS			
23. LICENCE CONTROL NO	24. IDENTIFICATION NO.	VALIDITY STAMP	
25. SIGNATURE OF SUPERVISOR	26. SIGNATURE OF ISSUING OFFICER		
27. LICENCE RECEIVED BY: NAME: _____ SIGNATURE _____			28. DATE OF RECEIPT OF LICENCE DAY MONTH YEAR