

Application For Learners Permit

(Section 57 Land Transport Act, 1998)



Two recent identical Passport size photograph of the applicant should be attached

1. What class of Driver's licence you are applying for? (tick one box below)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9

Office Use Client ID:

2. PERSONAL DETAILS

Mr. Mrs. Miss Surname	First Name	Middle Name
Name: _____	_____	_____
F/N: _____		
Current Residential Address: _____		Postal Address: _____
Email Address : _____	Date of Birth: _____	Male: _____ Female: _____
Phone No.:(B) _____ (M) _____ (H) _____	Place of Birth: _____	
Occupation: _____		
Height: _____ cm,	Colour of Hair _____ and Eyes _____	Build _____ Complexion _____

Note: You must produce a Birth Certificate, Passport and any other acceptable form of ID for Verification.

3. AGE LIMIT

- You need to be over 16 years 6 months old to qualify for a Learner's Permit
- 17 years and over can apply for a Driving Test

4. YOUR PARTICULARS OF SUSPENSIONS AND DISQUALIFICATIONS

Please answer the following questions by placing a tick in the appropriate places

	YES	NO
a. Are you currently disqualified from holding or obtaining a driver licence?	_____	_____
b. Have you been disqualified from driving or refused to hold or obtain a driver's licence?	_____	_____
c. Is your licence currently suspended or cancelled?	_____	_____
d. Are you required to get a licence restoration court order as a result of any offence?	_____	_____

If you answer yes to any of the above questions please give details of date, place, court reference and reasons for disqualifications (s), cancellation (s) suspension (s), or refusals.

Date	Place	Court Reference	Offence	Sentence

5. MEDICAL DETAILS

Please answer the following questions by placing a tick in the appropriate places

	YES	NO
e. Do you wear prescription glasses, contact lenses or hearing aid?	_____	_____
f. Do you take prescribed medication?	_____	_____
g. Do you suffer from any eyesight, hearing psychiatric, or any medical condition or physical disability which could affect your driving?	_____	_____

If yes give details. _____

6. YOUR SIGNATURE

By signing below, you confirm that all the information above is true. If any of it is false, you could be guilty of an offence and your licence could be invalidated. The information you give us in relation to this application may be given to the Police, Law Enforcement Officer or any Licencing Body.

Your Signature _____	Date: _____
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7. OFFICE USE ONLY

Permit No. _____	Issue Date: _____	Expiry Date: _____	Fee \$: _____	Date: _____
Signature of LTA Authorised Officer: _____			Receipt no: _____	Date: _____