Application to Undergo Test to Drive a Motor Vehicle/Trailer

Regulation 14 Land Transport Driver Regulation 2000

To be completed by the applicant.
Applicant failing to attend test will forfeit fee.

1. What class of driving test you are applying for? ________________________________

2. PERSONAL DETAILS

   Full Name: ___________________________ Residential Address: ___________________________

   Postal Address: ___________________________ Phone No: ___________________________

3. Learner’s Permit No: ___________________________ Expiry Date: ___________________________

4. Applicants Signature: ___________________________ Date: ___________________________

5. OFFICE USE:

   Driving Test Appointment No: ___________________________ Fee $ ___________________________

   LTA Officer’s Signature: ___________________________ Date: ___________________________

6. CONFIRMATION OF APPOINTMENT: TIME DAY DATE VENUE

7. RESULTS

   Pass CC No: ___________________________ Date: ___________________________

   Failed Yes No ___________________________ Date: ___________________________

   Failed to Attend Yes No ___________________________ Date: ___________________________

   Tested on Vehicle No: ___________________________ Registration Label No: ___________________________

   Name of Driving Examiner: ___________________________ Signature: ___________________________

   Station: ___________________________ Remarks: -

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