

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: _____ (B) _____ (H) _____

3. **Learner's Permit No:** _____ **Expiry Date:** _____ **PSV approval ref:** _____ **Expiry Date:** _____

4. **Applicants Signature:** _____ **Date:** _____

5. **OFFICE USE:**

Driving Test Appointment No : _____ Fee \$ _____ RR No: _____ Date: _____
LTA Officer's Signature: _____ Date: _____

6. **CONFIRMATION OF APPOINTMENT:** **TIME** **DAY** **DATE** **VENUE**

7. **RESULTS**

Pass CC No. _____ Date : _____ Test Extended

Yes	No
-----	----

 Date : _____
Failed

Yes	No
-----	----

 Date: _____ Failed to Attend

Yes	No
-----	----

 Date : _____

Tested on Vehicle No: _____ Registration Label No: _____ Date of Issue: _____ Date of Expiry: _____
Name of Driving Examiner: _____ Signature: _____ Date: _____
Station: _____ Remarks: - _____

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