

# Application For Issue of:

(Section 56 Land Transport Act, 1998)



Two recent identical Passport photo (45 x 35 mm) Please complete this form, show your proof or identity

1. Driver License     2. Duplicate Driver License  
 3. Public Service Vehicle Driver License     4. International Driver License

1. What class of Driver's license you are applying for?

- 1     2     3     4     5     6     7     8     9

## 2. PERSONAL DETAILS

Full Name: \_\_\_\_\_ ID: \_\_\_\_\_

F/N: \_\_\_\_\_

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 \_\_\_\_\_ Eyes \_\_\_\_\_ Build \_\_\_\_\_ Complexion \_\_\_\_\_

## 3. COMPETENCY TO DRIVE - Please fill where applicable

Certificate of Competency Number: _____	Class _____	Test Number: _____
Or current license No: _____	Issue Date: _____	Expiry Date: _____
Or overseas license no: _____	Country: _____	Expiry Date: _____

## 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), 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. Do you own a motor vehicle?  Yes  No If yes, please give registration number: \_\_\_\_\_

## 7. 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 \_\_\_\_\_ Signature of LTA Officer: \_\_\_\_\_

Fees: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_