

ROAD TRAFFIC LAW, CAP. 346

APPLICATION FOR GENERAL DRIVER'S LICENCE

To the Licensing Authority:

I,

do hereby apply that a General Driver's Licence be granted to me and I do solemnly declare that the information accompanying this my application is complete and true.

Signature of Applicant

Declared to before me this day of 20

J. P. or Member of Licensing Author

Enclosures : Certificate of Competence

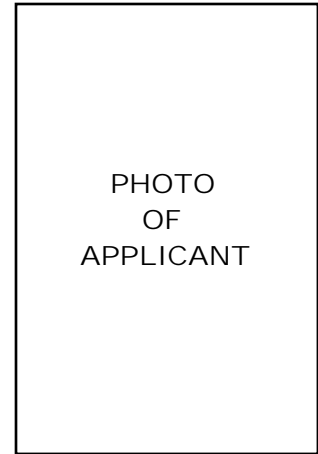
(a) Surname
(Block Letters)

(b) Christian Name in full

(c) Place of Residence

(d) What is your age next birthday?

(e) Date and Place of your Birth



(f) Has any Driver's Licence ever been issued to you?

(g) If so, by what Licensing Authority?

(h) Have you ever been refused a Driver's Licence?

(i) If so, by what Licensing Authority or Authorities, and on what date or dates?

(j) Have you ever had a Driver's Licence suspended, revoked or endorsed?

(k) If so, by what Authority or Tribunal?

(l) Are you able to read and write English?

(m) Type of vehicle (1)

(1) State whether Public Passenger Vehicles

Date

Signature of Applicant

NOTE : - The applicant who makes a false statement will be guilty of an offence.

For Departmental use only	REMARKS
Licence No. issued	

NOT FOR SALE

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CERTIFICATE OF CHARACTER

To be completed by a Justice of the Peace, or Inspector, or Sub-Inspector of Police in the area in which the applicant resides:-

Justice of the Peace

Inspector of Police

I the undersigned _____ in the Parish of _____
 hereby certify that _____ of _____

(a) has been known to me personally during the period stated opposite to my name, and that he is sober, honest, of good character, cleanly in person and civil in manner and behaviour; or

(b) has no (such records of breaches of the Peace as should debar him from obtaining a Licence. I

would (not) recommend him as a suitable person to be licensed to drive a motor vehicle.

I certify that the applicant has affixed his signature in my presence.

Signature of Applicant <small>(To be affixed in presence of Recommender)</small>	Signature of Person Recommending and Date	Address of Person Recommending	Period during which such person has been known <small>(To be filled in only when ("A") is certified)</small>
			From _____ To _____

NOTE : - The Justice of the Peace or the Inspector of Police must certify as to (a) or (b)

NOT FOR SALE

MEDICAL CERTIFICATE

NOTICE TO MEDICAL EXAMINERS: It is particularly to be observed that in cases of doubt as regards applicant the interests of the public should have precedence, over the interests of the applicant.

Name in full, residence of applicant and date of birth

1. Height feet ins.

Weight st lb

2. Has the applicant Rupture?

With Glasses Without Glasses

3. Eyesight: Right eye: Left eye:

With Glasses Without Glasses

(Note: The applicant with or without glasses must be able to read 6/6 with each eye separately, but the result in each case must be noted.)

4. Colour Vision

(a) Is hearing defective?

5. Hearing: (b) If so, is it to a degree inconsistent with safety?

6. Is there any disease of the respiratory system?

7. Any disease of the Central Nervous System?

8. Any evidence of alcoholism?

9. Is the applicant suffering from any disease or condition of the Cardiovascular system which renders him unfit or unsafe to drive a motor vehicle?

10. Has the applicant to your knowledge ever fainted or been subject to fits of any kind?

11. Urine: Albumen

Sugar

12. Is the applicant free from all physical defect and disease?

13. Are there any circumstances connected with the physical or mental state of the applicant, which in your opinion disqualify him from being granted a driver's licence?

Date 20

Medical Examiner

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