



GUYANA REVENUE AUTHORITY

Application/Renewal for Drivers', Provisional & Conductors' Licence

PERSONAL INFORMATION

Last Name: _____

Middle Initial: _____

First Name: _____

Sex: M F

Address: _____

Date of Birth: _____

YYYY-MM-DD

Telephone Number: _____

E-mail: _____

Phone numbers should be ten (10) digits E.g. 5921234567. Do not use characters such as dashes, hyphens or spaces.

IDENTIFICATION

ID Type: National ID Passport Other (Specify): _____

ID Number: _____

TIN: _____

Height (cm): _____

Eye Colour: _____

LICENCE INFORMATION

Request for:

Type of Licence:

New Licence Renewal

Driver Licence Provisional Licence Conductor Licence

Type of Vehicle:

Car Van Cycle Mini Bus Hire Car Motor Bus Tractor Lorry

DETAILS OF COMPETENCE

Authority by which test was made: _____

Date: _____

Result of Test: Pass Fail

YYYY-MM-DD

DECLARATION OF PHYSICAL FITNESS

The Applicant is required to furnish answers to the following questions by selecting "Yes" or "No" opposite each question.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you suffer from epilepsy, sudden attacks of disability, giddiness or fainting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you able to read from a distance of 25 yds in good daylight (with glasses, if worn) a Motor Vehicle number plate containing six (6) letters and figures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you lost either hand or foot, or are you suffering from any defect in movement control, or muscular power of either arm or leg? If yes, give particulars. | <input type="checkbox"/> | <input type="checkbox"/> |

I declare that I am not suffering from any other disease or disability, which would be likely to cause the driving by me of a motor vehicle to be a source of danger to the public.

I further declare that to the best of my information and particulars given in the declarations on this application hereof are true.

I further declare that it is an offence for a person to use a motor vehicle on public road unless there is in force a policy on the insurance or a security against third party risks covering the use by that person of that vehicle.

Signature: _____

Date: _____

YYYY-MM-DD

Applicant who answers "yes" to question 3 in declaration of Physical fitness may either (i) claim to be subjected to a driving test, (ii) sign the Declaration, on next page, if in the position to do so.

Motor Vehicles & Road Traffic Regulations

Application/Renewal for Drivers', Provisional & Conductors' Licence

CLAIM TO BE SUBJECT TO A DRIVING TEST

I claim to be subject to a test to my fitness or ability to drive a motor vehicle of the class or classes specified in this application.

Signature: _____

Date:

				Year					Month					Day
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DECLARATION

I hereby declare that a drivers' certificate under the Motor Vehicles' ordinance, 1935 Drivers' Licence under the Motor Vehicle and Road Traffic Ordinance, was issued to me on the _____ by the _____ certifying authority to drive a motor vehicle of the type in respect of which a drivers' licence is now applied for by me and the date my last application for a drivers' certificate the disease or physical disability from which I am suffering has not become more acute and that I am not suffering from any disease or disability not disclosed on such last application.

Signature: _____

Date:

				Year					Month					Day
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OFFICIAL USE ONLY

Class of Licence:

Expiration Date:

				Year					Month					Day
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Licence Cover Number:

Licence Number:

Certificate of Competence Number:

Date Issued:

				Year					Month					Day
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Foreign Licence Number:

Country:

Expiration Date:

				Year					Month					Day
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Examined by:

Certified by:
