

THE INDEPENDENT STATE OF PAPUA NEW GUINEA

DEPARTMENT OF TRANSPORT

Motor Traffic Act 1950

**APPLICATION FOR PERMIT AS CREW MEMBER OF A PUBLIC MOTOR
VEHICLE**

Surname of Father's Name:

Given Name:

Height (cm):

Postal Address:

Residential Address:

Date of Birth:

Place of Birth:

Town or Village:

Province or Country:

.....

I, the above named; do hereby declare that to the best of my knowledge and belief the details are correct.

Signed:

Date: