



APPLICATION FOR DRIVING

Surname/Family Name: Given Names: Residential and street Address: Sect: Lot: Street: Suburb: Postal Address: Town: Province: Phone (bh): Gender: Male/Female Date of Birth: Place of Birth: Nationality: Height (in cm): Eye Color: Hair color: Complexion: Date of Issue: class of License: License No: Place of issue:

Table with 2 columns: Question, YES/NO. Rows include health issues, learner's permit, license cancellation, driving under influence, and traffic offences.

TO BE COMPLETED BY HOLDER OF FOREIGN DRIVER'S LICENSE.

Country of issue: License Number: Date of Expiry: Equivalent P.N.G Class for which license valid:

TO BE COMPLETED IN CASES WHERE APPLICANT UNDERTAKES TEST

Eye sight: Oral/Written Knowledge test: Driving Test: Test done with/without spectacles. Disabilities apparent: signature of Testing officer: PASS/FAIL Reg. No.

I, the above-names, do hereby declare that to the best of my knowledge and belief the above details and answers are true and correct.

Signature:

Date:

Witness:

Receipt # License No: