



Traffic Department

Application for a Driving Permit



Full Name of Applicant: _____

Address of Applicant: _____

Phone Number: _____

Email Address: _____

Present Age & Date of Birth: _____

State types of vehicle it is intended to drive (motorcycle, public service vehicles, goods vehicle or private motorcar)

Have you ever held a driving permit issued in Belize? _____

If so, state number, date & office of issue: _____

Have you ever held a driving permit issued in any other country? _____

If so, state country & date of issue: _____

Are you, at the time of this application, suspended from driving or disqualified for obtaining a driving permit?

Have you ever passed a driving test? _____

If so, state date & place of test _____

When were you last medically examined for a driving permit? _____

Date _____

Signature of Applicant

Supervisor

MANAGER

Medical Examiner

Please examine the applicant as to his/her fitness to hold a Driving License:

I certify that the physique, vision, hearing and bodily and mental fitness of _____ are such as to qualify him/her to hold a Driver's Permit.

Date _____

Medical Officer _____

Stamp Here

FOR OFFICIAL USE ONLY

Permit Information

Permit # _____

Receipt # _____

Today's Date _____

Driver's License Information

First Issue Card # _____

BMPTD # _____

Class: A AF D

Today's Date: _____

Date of Birth: _____

Date of Expiry: _____

Fee: _____

Receipt #: _____

Requirements for First Issue Learner's Permit:

- + Must be 17 Years old to apply for a Learners Permit**
- + Must have a Belmopan Address**
- + Fill out Form**
- + Get form Signed & Stamped by a doctor**
- + Bring Form with a copy of Social Security Card, Passport or Voter's ID (front and back for Voter's ID)**
- + or copy Foreign Driver's License and Passport information Page**
- + 2 passport size pictures**
- + \$ 30.00**
- + Return with all requirements to the Traffic Department**