



Traffic Department Driver's License Form



Full Name of Applicant: _____

Address of Applicant: _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Card Number of Expired License: _____ Expiry Date of License: _____

When were you last medically examined for a Driver's License: _____

Government Medical Officer for Applicant over 70 years Old

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

_____ License Officer

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 License.

Date

Medical Officer

FOR OFFICIAL USE ONLY

<p><u>Class Now</u></p> <p><input type="checkbox"/> A</p> <p><input type="checkbox"/> AF</p> <p><input type="checkbox"/> B</p> <p><input type="checkbox"/> B1</p> <p><input type="checkbox"/> B2</p> <p><input type="checkbox"/> B3</p> <p><input type="checkbox"/> C</p> <p><input type="checkbox"/> C1</p> <p><input type="checkbox"/> C2</p> <p><input type="checkbox"/> D</p> <p><input type="checkbox"/> E</p> <p><input type="checkbox"/> G</p> <p><input type="checkbox"/> ALL</p>	<p>Card Number of Renewal: _____</p> <p>BMPTD #: _____</p> <p>Period of Renewal: <input type="checkbox"/> 1 Year</p> <p><input type="checkbox"/> Duplicate <input type="checkbox"/> Change of Name <input type="checkbox"/> Change of Address</p> <p><input type="checkbox"/> Endorsement <input type="checkbox"/> Correction</p> <p>Today's Date: _____</p> <p>Date of Birth: _____</p> <p>Date of Expiry: _____</p> <p>Fee: _____</p> <p>Receipt #: _____</p>	<p><u>New Address/Name</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><u>Remarks</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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