

MINISTRY OF COMMUNICATIONS, WORKS, TRANSPORT & PUBLIC UTILITIES

Licensing Authority  
Verification of Driver's Licence

I will collect my card at:  
 Castries  
 Vieux Fort

Driver's Licence No.:

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Last Name: \_\_\_\_\_

First & Middle Names: \_\_\_\_\_

Nationality: \_\_\_\_\_ Place of birth: \_\_\_\_\_

ID Type: NIS #: \_\_\_\_\_ Passport#: \_\_\_\_\_ Diplomat #: \_\_\_\_\_

Sex: Male  Female

Date of birth: 

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Email: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home Address:

Castries <input type="checkbox"/>	Canaries <input type="checkbox"/>	Vieux Fort <input type="checkbox"/>	Gros Islet <input type="checkbox"/>	Micoud <input type="checkbox"/>
Soufriere <input type="checkbox"/>	Choiseul <input type="checkbox"/>	Laborie <input type="checkbox"/>	Dennerly <input type="checkbox"/>	Anse La Raye <input type="checkbox"/>

Community/District: \_\_\_\_\_ Street: \_\_\_\_\_

Name of Post Office & or Post Box #: \_\_\_\_\_

Current Licence Classes: \_\_\_\_\_

If you drive a public service vehicle, give seating capacity: 16 seater  30 seater  Above 45 seater

Driver's licence (dd/ mm/yyyy)

Driver's licence (dd/mm/yyyy)

Issue Date: 

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Expiry Date: 

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Issue Basis: Regular   
Work Permit   
External Affairs

Licence Type: Provisional   
Regular/Triennial

Do Not Fill: Date of medical exam: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Have you done the Defensive Driving Course: Yes  No  Certificate # \_\_\_\_\_

Signature of Licence Holder: \_\_\_\_\_

OFFICIAL USE ONLY

Entered By: \_\_\_\_\_

Date: \_\_\_\_\_