## MINISTRY OF COMMUNICATIONS, WORKS, TRANSPORT & PUBLIC UTILITIES

## Licensing Authority

## Verification of Driver's Licence

Castries   Canaries   Vieux Fort   Gros Islet   Micoud   Anse La Raye    Community/District:   Street:    Name of Post Office & or Post Box #:    Current Licence Classes:   Grow of Post Box #:    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:   Expiry Date:   Expiry Date:    Work Permit   Regular/Triennial    External Affairs   Do Not Fill: Date of medical exam:    Have you done the Defensive Driving Course: Yes   No   Certificate #    OFFICIAL USE ONLY	I will collect my card Castries Vieux Fort	at: Driver's Licence No	D.: 0
Nationality:	Last Name:		
Date of birth:   Diplomat #:   Diplomat #:   Diplomat #:   Diplomat #:   Date of birth:   Date of medical exam:   Diplomat #:   Date of medical exam:   Diplomat #:	First & Middle Name	s:	
Date of birth:	Nationality:	Place of birth:	
Home Telephone:	ID Type: NIS #: _	Passport#:	Diplomat #:
Home Address:  Castries   Canaries   Vieux Fort   Gros Islet   Micoud   Anse La Raye    Community/District:   Street:  Name of Post Office & or Post Box #:  Current Licence Classes:   Street   30 seater   Above 45 seater    Driver's licence (dd/mm/yyyy)   Driver's licence (dd/mm/yyyy)    Issue Date:   Expiry Date:   Expiry Date:    Street   Above 45 seater    Driver's licence (dd/mm/yyyy)    Driver's licence (dd/mm/yyyy)    Driver's licence (dd/mm/yyyy)    Saue Basis: Regular   Licence Type: Provisional   Regular/Triennial    External Affairs   Do Not Fill: Date of medical exam:    Name of Doctor:   Have you done the Defensive Driving Course: Yes   No   Certificate #    OFFICIAL USE ONLY	Sex: Male Fema	Dute of Diffit.	
Castries   Canaries   Vieux Fort   Gros Islet   Micoud   Anse La Raye    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 Basis: Regular   Licence Type: Provisional   Regular/Triennial    Work Permit   Regular/Triennial    External Affairs   Do Not Fill: Date of medical exam:    Have you done the Defensive Driving Course: Yes   No   Certificate #    OFFICIAL USE ONLY	Email:	Home Telephone:	Mobile:
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:	Community/District: Street:		
If you drive a public service vehicle, give seating capacity: 16 seater	Name of Post Office &	& or Post Box #:	
Driver's licence (dd/ mm/yyyy)  Issue Date: Expiry Date: Expiry Date:    Same Basis: Regular   Licence Type: Provisional   Regular/Triennial   Do Not Fill: Date of medical exam:   Do Not Fill: Dat	Current Licence Classe	es:	
Issue Basis: Regular   Licence Type: Provisional   Regular/Triennial    Do Not Fill: Date of medical exam:   Licence Type: Provisional   Regular/Triennial    Name of Doctor:   Licence Type: Provisional   Regular/Triennial    Do Not Fill: Date of medical exam:   Licence Type: Provisional   Regular/Triennial    Do Not Fill: Date of medical exam:   Licence Holder:   Licenc	If you drive a public se	ervice vehicle, give seating capacity: 16	seater 30 seater Above 45 seater
Issue Basis: Regular   Licence Type: Provisional   Regular/Triennial    Do Not Fill: Date of medical exam:   Licence Type: Provisional   Regular/Triennial    Name of Doctor:   Licence Type: Provisional   Regular/Triennial    Do Not Fill: Date of medical exam:   Licence Type: Provisional   Regular/Triennial    Do Not Fill: Date of medical exam:   Licence Holder:   Licenc	Driver's licence	(dd/ mm/yyyy) Driver's licence	e (dd/mm/yyyy)
Work Permit External Affairs    Do Not Fill: Date of medical exam:  Name of Doctor:  Have you done the Defensive Driving Course: Yes    No	Issue Date:		
Name of Doctor:  Have you done the Defensive Driving Course: Yes No Certificate #  Signature of Licence Holder:  OFFICIAL USE ONLY		ermit Reg	<del></del>
Have you done the Defensive Driving Course: Yes No Certificate #	Do Not Fill: Date of me	edical exam:	
Signature of Licence Holder:OFFICIAL USE ONLY	Name of Doctor:		
OFFICIAL USE ONLY	Have you done the De	efensive Driving Course: Yes \( \simeq \) No	Certificate #
	Signature of Licence	Holder:	
Entered By: Date:	Entered Rv	Data	