



**MINISTRY OF HOME AFFAIRS  
DEPARTMENT OF MOTOR VEHICLES  
TURKS & CAICOS ISLANDS**

**MOTOR VEHICLE (DRIVING LICENSES) REGULATION**

**FORM III**

**Regulation 6(1)**

**APPLICATION FOR THE ISSUE OF DRIVING LICENSE**

Rec. No.....

**1. APPLICANT**

Surname .....

Christian names.....

Address .....

Telephone no. .... E mail address .....

Date of birth ...../...../..... Height .....(ft) .....(ins) Weight .....  
D M Y

Color of eyes ..... Color of hair ..... Sex .....

**2. PARTICULARS OF DRIVING LICENSE OR PERMIT HELD (IF ANY)**

Driving License no. ....

Learners Permit no. ....

**3. APPLICATION**

- I hereby apply for the issuance of a Driving License for

Motor vehicle class(es) .....

I submit herewith:

- Driving License No. ....
- Learner's Permit No. ....
- Certificate of Competence, dated .....
- International Driving Permit .....
- Driving License issued in .....
- I enclose the fee of \$.....

**4. DECLARATION**

- I am not disqualified from driving a motor vehicle by order of any Court in the Island and I am not under the age of seventeen (17) years.
- I do not suffer from any physical or mental disability likely to prevent me from driving in a safe and proper manner.
- I suffer from the disability described on the attached sheet but I apply for a Driving license subject to each condition (if any) as the Director considers appropriate.

**NOTE:** Defect of vision need not be a disability for the purpose of this declaration if corrected by glasses that are worn at all times when driving.

To the best of my knowledge and belief the particulars given in this form are correct.

**N.B. IT IS AN OFFENCE UNDER THIS ORDINANCE TO GIVE PARTICULARS THAT ARE NOT CORRECT**

Signature of Applicant .....

Date .....

Signature of Director .....