



Application for Driving Licence or Provisional Licence or Endorsement of Existing Licence

THIS FORM MUST BE COMPLETED BY ANY PERSON THAT INTENDS TO DRIVE A VEHICLE IN SOLOMON ISLANDS
ALL FIELDS MUST BE COMPLETED IN BLOCK LETTERS

What type of Driver Licence are you applying for? Tick one box				
New Provisional Licence <input type="checkbox"/>	New Full Licence <input type="checkbox"/>	Renewal of Provisional <input type="checkbox"/>	Renewal of Full <input type="checkbox"/>	Additional Endorsement <input type="checkbox"/>

Do you already have a Solomon Islands Driver Licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Overseas Applicant: Do you already have an Overseas Driver Licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your Overseas Driver Licence Number?	
Country of Issue	Expiry Date
	____ / ____ / ____

Personal Details

1. Title	Mr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____		
2. First Name	_____		
3. Middle Name	_____		
4. Surname	_____		
5. Postal Address	_____ _____ _____		
6. Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	7. Date of Birth dd/mm/yyyy	____ / ____ / ____
8. Place of Birth (Town & Country)	_____		
9. Proof of Age: Document Tick correct box	Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Driver Licence <input type="checkbox"/> Other: _____		
9a. Country where document was issued:	_____	9b. Document Number:	_____
10. Email Address	_____		
11. Phone Number:	(677) _____		
12. Mobile Number:	(677) _____		
13. Do you qualify for the diplomatic privileges exemption?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
14. If yes, please provide supporting documentation? <small>e.g. a letter of proof of qualification from MID or Ministry of Foreign Affairs</small>	Supporting Documentation Provided: YES <input type="checkbox"/> NO <input type="checkbox"/>		

For Office Use Only:

A. TMN Number:		B. Licence Start Date	
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Driving Class Details

<p>15. Which Driving Class are you applying for? <small>See note below</small></p>	<input type="checkbox"/> Motor Cycle <input type="checkbox"/> Private Motor Car <input type="checkbox"/> Motor Tractor <input type="checkbox"/> Light Goods Vehicle <input type="checkbox"/> Heavy Goods Vehicle <input type="checkbox"/> Light Public Service Vehicle (buses up to 12 seats or taxis) <input type="checkbox"/> Heavy Public Service Vehicle (buses; more than 26 seats) <input type="checkbox"/> Invalid Carriages
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Physical Attributes

16. Height (in metres)		17. Hair Colour	
18. Eye Colour		19. Do you wear eye glasses?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Declarations

20. Has any court at any ordered a conviction to be endorsed on your licence?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details: _____ _____
21. Are you disqualified by court from holding or obtaining a licence?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details: _____ _____

Declaration as to Physical Fitness

22. Do you have a disability or medical condition that would affect your ability to drive a motor vehicle safely?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details: _____ _____
23. Can you read at a distance of 25 yards (approximately 25 metres) in good daylight (with glasses if worn) a motor vehicle number plate containing six letters and number?	Yes <input type="checkbox"/> No <input type="checkbox"/> If No, please provide details: _____ _____

I, _____ declare that to the best of my knowledge a belief that the answers given above are true.

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Signature of Applicant

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Date