Application to Register a Driving School *New/Renewal





Applicants Full Name:					
Including Fathers Name	e, if appropriat	e			
Postal Address:			Address of Driving (if different)		
Res. Address:	Date	Date of Birth :			
Place of Birth:			Telephone No: (office)		
Name of Driving Schoo	l:				
Registration Certificate:					
District in which it is pro	rate:	Business License:			
Date on which the Drivi	ing School cor	mmenced/or intends to comr	mence (operation:	
Classes of Instruction to	be offered. (e.g Private car, PSV, etc)			
I hereby apply for the	above driving	school to be registered. If	grante	d a Certificate of I	Registration, I shall notify The Land
					out below, or in the List of vehicles to
be used, as listed over	rleaf. All Drivi	ng School vehicles are liste	d * in n	ny name/in the na	ame of the Driving School.
Date:	Fee:	RRN	No:	Applicants Signature	
RECORD OF DRIVING	INSTRUCTO	RS			
Instructor's Name	Class	Full Private Postal Address	ate Postal Address Permit to Instruct		(For Office use only) Date deleted
			No	Date of Expiry	
Delete inapplicable iten	ns.	For Office us <mark>e only</mark>			
CRO:	Approved/Refused			Renewals:	
Fee of :					
R.R.No					
Certificate No.					
Valid to:		Chief Executive Officer Date Land Transport Authority Return to: The Land Transport Authority Suva			

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