Application to Undergo Test to Drive a Motor Vehicle/Trailer

What class of driving test you are applying for ?

Regulation 14 Land Transport Driver Regulation 2000

To be completed by the applicant. Applicant failing to attend test will forfeit fee.

1.



Steering Fiji Safely

PERSONAL DETAILS						
Full Name:	Residential Address:					
Postal Address:		Phone No:	(B)		(H)	
Learner's Permit No:	Expiry Date:	PSV ap	proval ref:		Expiry Date:	
Applicants Signature:		Date:				
OFFICE USE:						
Driving Test Appointment No :	Fee \$		RR No:		Date:	
LTA Officer's Signature:			Date:			
CONFIRMATION OF APPOINTMENT:	TIME	DAY	DATE	VENUE		
RESULTS						
Pass CC No. Date :		Test Extended	Yes No	Date :		
Failed Yes No Date:		Failed to Attend	Yes No	Date :		
Tested on Vehicle No:	Registration La	abel No:	Date of Issue:		Date of Expiry:	
Name of Driving Examiner:	Signatu	ure:			Date:	
Station: Remarks	: -					
	Full Name: Postal Address: Learner's Permit No: Applicants Signature: OFFICE USE: Driving Test Appointment No : LTA Officer's Signature: CONFIRMATION OF APPOINTMENT: RESULTS Pass CC No. Date : Failed Yes No Date: Tested on Vehicle No: Name of Driving Examiner: Ventoring Examiner:	Full Name: Postal Address: Learner's Permit No: Expiry Date: Applicants Signature: OFFICE USE: Driving Test Appointment No : Fee \$ LTA Officer's Signature: CONFIRMATION OF APPOINTMENT: TIME RESULTS Pass CC No. Date : Failed Yes No Date: Tested on Vehicle No: Registration Later Name of Driving Examiner:	Full Name: Residential Address: Postal Address: Phone No: Learner's Permit No: Expiry Date: Applicants Signature: Date: OFFICE USE: Date: Driving Test Appointment No : Fee \$ LTA Officer's Signature: ITA Officer's Signature: CONFIRMATION OF APPOINTMENT: TIME Pass CC No. Date : Failed Yes No Date: Failed on Vehicle No: Registration Label No: Name of Driving Examiner: Signature:	Full Name: Residential Address: Postal Address: Phone No: (B) Learner's Permit No: Expiry Date: PSV approval ref: Applicants Signature: Date: Driving Test Appointment No : Fee \$ RR No: LTA Officer's Signature: Date: CONFIRMATION OF APPOINTMENT: TIME DAY DATE RESULTS Pass CC No. Date: Failed Yes No Date: Failed to Attend Yes No Date: Failed to Attend Yes No Date: Signature: Date of Issue: Name of Driving Examiner:	Full Name: Residential Address: Postal Address: Phone No: (B) Learner's Permit No: Expiry Date: PSV approval ref: Applicants Signature: Date: Driving Test Appointment No : Fee \$ RR No: LTA Officer's Signature: Date: CONFIRMATION OF APPOINTMENT: TIME DAY DATE VENUE RESULTS Pass CC No. Date: Failed Test No Date: Fest Stended Yes No Date: Fest Stended Yes No Date: Failed Test No: Date: Fest Stended Yes No Date: Fest Stended Yes No Date:	

Application to Undergo Test to Drive a Motor Vehicle/Trailer

Regulation 14 Land Transport Driver Regulation 2000

To be completed by the applicant. Applicant failing to attend test will forfeit fee.

1. What class of driving test you are applying for ?

2.	PERSONAL DETAILS						
	Full Name:	Residential Address:					
	Postal Address:		Phone No:	(B)	(H)		
3.	Learner's Permit No:	Expiry Date:	PSV a	upproval ref:	Expiry Date:		
4.	Applicants Signature:	Date:					
5.	OFFICE USE:						
	Driving Test Appointment No :	Fee \$		RR No:	Date:		
	LTA Officer's Signature:			Date:			
6.	CONFIRMATION OF APPOINTMENT:	TIME	DAY	DATE	VENUE		
7.	RESULTS						
	Pass CC No. Date :		Test Extended	Yes No	Date :		
	Failed Yes No Date:		Failed to Attend	Yes No	Date :		

Tested on Vehicle No:		Registration Label No:		Date of Issue:	Date of Expiry:
Name of Driving Examiner:		Signature:			Date:
Station:	Remarks: -				