

# Driver Licence / Renewal / Update Form

Regulation 16 Land Transport Driver Regulation 2000



## 1. LICENCE HOLDER SECTION

Driver Licence Number: \_\_\_\_\_ Class of Licence: \_\_\_\_\_

Fullname: \_\_\_\_\_

F/N: \_\_\_\_\_

Phone Contact: (B) \_\_\_\_\_ (M) \_\_\_\_\_ (H) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Residential : \_\_\_\_\_

Postal : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** PSV Licence holders must produce DDC and Medical Certificate after every 5 years from the date of first issue. [Driver Regulation 17(4)]

All clients 70 years & over must produce medical certificate and be re-issued with one year renewal.

## OFFICE USE ONLY

Driver License No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Last Expiry Date: \_\_\_\_\_

Renewal Slip No.: \_\_\_\_\_ Renewal Date: \_\_\_\_\_ New Expiry Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Medical Certificate: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

(Dr/Hospital Name) \_\_\_\_\_

\_\_\_\_\_ Name & Signature: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Fees \$ \_\_\_\_\_