

Application for a licence to drive A Motor Vehicle

TO AVOID DELAY PLEASE CHECK TO ENSURE THAT ALL QUESTIONS ARE COMPLETED.
SUBMIT APPLICATION TO THE ROAD TRAFFIC DEPARTMENT, P. O. BOX n-1615, NASSAU,
BAHAMAS

1. What is your last name? _____

Answer in **BLOCK CAPITALS**

2. What are your full Christian names: _____

Answer in **BLOCK CAPITALS** and insert Mr., Mrs., Miss., as the case may be.

3. (a) What is your permanent address in The Bahamas? _____

Read Note (B)

(b) If you have no permanent address in New Providence give the name and address of a person through whom you can be contacted at any time.

(a) P. O. Box _____

Street Name _____

House # _____

(c) National Insurance Number

(b) _____

(d) Passport Number

(c) _____

(d) _____

4. What kind of licence do you want? Read Note (C). Give the Class of motor vehicle or circle **PROVISIONAL**.

(C) Class of Motor Vehicles:-

- (a) A motor vehicles. (Tractor, heavy vehicles)
- (b) Commercial Vehicles
- (c) Private Motor Vehicles
- (d) Motor cycle with or without sidecar.
- (e) Invalid Carriage

Class of Motor Vehicles.

(a) _____

(b) _____

(c) _____

PROVISIONAL

5. GIVE PARTICULARS OF ANY DRIVING LICENCE HELD
(a) Copy the particulars here.

1. Class of Vehicles _____

2. Country or State _____

3. Expiration Date _____

If you have not had either a full or provisional licence before, Answer **NONE** upon the top line (1)

Date of Issue _____

6. Date of Birth (A person under 17 is not allowed to drive any motor vehicle: _____

7. Are you disqualified by any Court for holding or obtaining licence? YES NO

8. Do you suffer from epilepsy, or from sudden attacks of disabling giddiness or fainting? Read Note (D) and answer Yes or No YES NO

9. Can you read at a distance of 25 yards in good daylight (with glasses if worn) a motor car number plate containing six letters and figures? Read Note (C) and answer YES or NO. YES NO

10. Are you without either hand or foot or are you suffering from any defect in movement, control, or muscular power, of either arm or leg? Answer YES or NO. YES NO

If "Yes" read note (D) and give particulars of the disability and fill in the Disabled Driver's Claim (Y) overleaf.

11. Are you suffering from any other disease, mental or physical or disability which would be likely to cause the driving by you of a motor vehicle to be a source of danger to the public? Read Notes (C) or (D) and answer YES or NO. YES NO

12 Do you understand that it is an offense to use a motor vehicle on a road unless covered by Insurance against third party risks? Answer YES or NO YES NO

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

Date _____ Signature of Applicant _____

In your own interests you should read carefully the notes overleaf

NOTES

- (A) (I) FULL driving licences are issued for 1 year or 3 years. In the case of first licence the individual can choose either option, to his/her birth month or the licence can be issued up to a maximum period of 23 months. The fee is \$15.00 per annum.
- (II) PROVISIONAL Driving Licences are issued for 6 months and the fee is \$10.00
- (III) RESTRICTED LICENCE is issued for a period of 12 months.
- (B) The address where you can be contacted for a period of 12 months.
- (C) If you are in doubt as to your answer to either Question 8, 9 or 11 you should get professional advice.
- (D) If you suffer from any form of mental disorder or mental defect as a result of which you are certified or duly ascertained as subject to be placed under supervision, the answer to question 11 should be YES, as the Controller cannot grant you a licence and you cannot claim to be subjected to a test.

If you answered YES to question 10 or 11 you will have to pass a test before you can obtain a licence other than a Provisional Licence, and you should fill in the claim to be subjected to a driving test (Y below).

PENALTIES

An applicant, who for the purpose of obtaining a licence knowingly makes any false statement, is liable to imprisonment for a term not exceeding 3 months.

A person who uses a motor vehicle on a public road without there being in force a policy of insurance or a security against third party risks in respect of personal injury is liable to a fine not exceeding \$400.00 or to imprisonment for a term not exceeding 3 months, or both such imprisonment and fine, and is also liable to be disqualified for holding or obtaining a licence. (Section 8 (2) and (3) Road Traffic Act, 1958).

(Y) CLAIM OF DISABLED DRIVER TO BE SUBJECTED TO A DRIVING TEST

I claim to be subjected to a test as to my fitness or ability to drive a motor vehicle of the class or classes specified in this application.

Date _____ Signature of Applicant _____



**ROAD TRAFFIC DEPARTMENT
DRIVER INFORMATION**

DRIVERS LICENCE NUMBER _____

ISSUE DATE _____ EXPIRY DATE _____

LAST NAME _____ FIRST NAME _____

MIDDLE NAME _____

DATE OF BIRTH _____

P. O. BOX _____ STREET ADDRESS _____

SUBDIVISION _____ HOUSE NUMBER _____

TELEPHONE _____ (Work) _____ (Home)

MALE FEMALE HEIGHT _____ NATIONALITY _____

HAIR _____ EYES _____

NATIONAL INSURANCE NUMBER _____

PASSPORT NO _____ EXPIRATION DATE _____