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St Sampson
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www.gov.gg/traffic

APPLICATION FOR DRIVING LICENCE

This application form constitutes a record and is issued by the Committee *for the* Environment & Infrastructure in accordance with the Driving Licences (Guernsey) Ordinance, 1995.

IMPORTANT – Proof of identification must accompany this document, unless you have already filed an ID check. Your licence will have been ID checked if section 14 on the reverse side of the plastic part is dated.

See www.gov.gg/traffic for further information.

| 1. Your details | | Please use BLOCK CAPITALS | | | | Tick as appropriate | |
|----------------------|---|------------------------------|-------------------------------|-----------------------------|--------------------------------|----------------------|----------------------|
| Title: | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other <input type="checkbox"/> | (Specify) | <input type="text"/> |
| Surname: | <input type="text"/> | | | | | | |
| Forenames: | <input type="text"/> | | | | | | |
| Date of birth: | Day | <input type="text"/> | Month | <input type="text"/> | Year | <input type="text"/> | <input type="text"/> |
| Address: | Your permanent address in the Bailiwick of Guernsey Not a business or hotel address unless you live there permanently | | | | | | |
| <input type="text"/> | | | | | | | |
| <input type="text"/> | | | | | | | |
| Post code: | <input type="text"/> | Country of birth: | <input type="text"/> | | | | |
| Contact details | Tel No: | <input type="text"/> | Mobile No: | <input type="text"/> | | | |
| E-mail: | <input type="text"/> | | | | | | |

| 2. What type of licence are you applying for? | | Tick as appropriate | |
|---|--|---------------------|--------------------------|
| First provisional licence | | | <input type="checkbox"/> |
| Renewal of provisional licence | Attach both parts of your provisional licence | | <input type="checkbox"/> |
| First full licence | Attach both parts of your provisional licence | | <input type="checkbox"/> |
| Renewal of full licence | Attach both parts of your current licence | | <input type="checkbox"/> |
| Exchange of licence | Attach your current UK or other licence | | <input type="checkbox"/> |
| Duplicate licence | See section 3 | | <input type="checkbox"/> |
| First license after Court disqualification | | | <input type="checkbox"/> |

| 3. Duplicate Guernsey Licence (also complete all other sections of the form) Tick as appropriate | | |
|---|---|--|
| I declare my | Full <input type="checkbox"/> | Provisional <input type="checkbox"/> |
| is: | Lost <input type="checkbox"/> | If stolen it must be reported and the Police Crime Reference |
| | Stolen <input type="checkbox"/> | number inserted here: <input type="text"/> |
| Defaced/damaged <input type="checkbox"/> | If defaced/damaged the licence must be attached to this form. | |
| On being issued with a duplicate driving licence, the original will be cancelled, will be null and void and will not be valid for driving on the public highway. In the event that you find your original driving licence you must surrender it to DVL. | | |

| 4. What category of licence are you applying for? Tick as appropriate | |
|--|--|
| Same categories as existing/former licence: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If no, please state which categories you require: | <input type="text"/> |

| 5. Your previous licence Tick as appropriate | |
|---|---|
| Have you ever held a driving licence? (If yes, attach licence to this application) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was your previous licence: Provisional <input type="checkbox"/> Full <input type="checkbox"/> | Categories: <input type="text"/> |
| Licence number: <small>Example 12345/6</small> <input type="text"/> | Where was it issued: <input type="text"/> |
| Expiry Date: <input type="text"/> | Day <input type="text"/> Month <input type="text"/> Year <input type="text"/> |
| Have you ever been refused a driving licence, or had one revoked/withdrawn on medical grounds by this or any other licensing authority? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| In the past 5 years has any Court disqualified you from driving? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you currently disqualified by any Court from holding or obtaining a licence? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you have answered Yes to any of the above questions please give details: | |
| <input type="text"/> | |

| 6. Your eyesight Tick as appropriate | |
|--|--|
| Do you need to wear glasses when driving? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you need to wear contact lenses when driving? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Can you read a car plate at a distance of 22.5 metres in good daylight? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you suffer from tunnel or double vision, loss of field of vision, partial loss of sight or night blindness? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you have answered Yes to the last question please give details: | |
| <input type="text"/> | |

7. Your health

Tick as appropriate

You must answer every question, if not, your application can not be processed!

Do you suffer any disability of the limbs, hand or foot? Yes No

To your knowledge do you now, or have you ever suffered from any of the following?

Epilepsy or fits? Yes No

Sudden attacks of disabling giddiness, fainting or blackouts? Yes No

Severe mental handicap? Yes No

Diabetes? Yes No

Alcohol, drug or substance misuse in past 3 years?
(Other than single drink driving offence) Yes No

Stroke(s) or TIA? (Transient Ischaemic Attacks) Yes No

Heart Pain? (Angina) Yes No

Are you fitted with a cardiac device (pacemaker)/ defibrillator? Yes No

Multiple Sclerosis? Yes No

Parkinson's disease? Yes No

Any other neurological illness? Yes No

Any type of brain surgery? Yes No

Psychiatric illness/mental or learning & development disorder? Yes No

Have you now, or ever had any other disability or medical condition which could affect your fitness as a driver either now or in the future? Yes No

Are you on any continuous medication for any medical condition that could affect your ability to drive? Yes No

Are you over 69 and taking medication for high blood pressure? Yes No

Have you suffered from sleep apnoea? Yes No

If you have answered Yes to any of the questions in this section, you must submit a completed Medical Report form. Please confirm with our medical section.

If you have previously notified Driver & Vehicle Licensing (DVL) of a medical condition and it has altered/changed during the validity of your current license, you must complete a Medical Report form.

It is an offence **AT ANY TIME** not to notify DVL of any condition that may affect your driving. You may be liable to prosecution should you fail to do so. Failure to inform DVL of any deterioration in any existing condition may also render you liable to prosecution.

| 8. Declaration | | Tick as appropriate |
|-----------------|---|--------------------------|
| I declare that: | I understand that (subject to certain exceptions) it is an offence to use a motor vehicle on a road unless covered by third party insurance; | <input type="checkbox"/> |
| | I have read and understand the highway code; | <input type="checkbox"/> |
| | I live in the Bailiwick of Guernsey for at least 185 days per year. (Does not apply if you are in full time education off Island or in the military) | <input type="checkbox"/> |

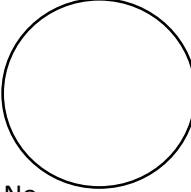
| 9. Warning | |
|--|--|
| I have checked the details I have given, which to the best of my knowledge are correct and true and I understand that if I knowingly give false information I am liable to prosecution | |
| Date: | |
| Signature: Please ensure you sign within the box | |

| 10. Check list | | Tick as appropriate |
|--|--|--------------------------|
| I have attached my current licence (If required) | | <input type="checkbox"/> |
| I have completed Section 8. Declaration | | <input type="checkbox"/> |
| I have signed and dated this application | | <input type="checkbox"/> |
| I have submitted or previously submitted proof of ID (Passport or other ID method) | | <input type="checkbox"/> |

All forms available at www.gov.gg/planning_transport_waste

| |
|----------------------------|
| Fee: £ |
| Cash Cheque Card |

**OFFICIAL
USE
ONLY**

| Official Use | |
|---|------------------|
|  | _____ <i>INT</i> |
| | _____ <i>CH</i> |
| No. _____ | |
| Prev. No. _____ | |
| Start Date / / | |
| Expiry Date / / | |
| Full Provisional Others | |

Data Protection Statement – Your personal information will be processed in accordance with the Data Protection (Bailiwick of Guernsey) Law 2001. It is processed primarily to register your details in relation to your licence. It will be disclosed to third parties where there is need to do so, this is usually in the interests of road safety, the prevention and detection of crime and the apprehension and prosecution of offenders. For further information on driving licence disclosures please visit www.gov.gg/dataprotection