



APPLICATION FOR A 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.

Identification Checks

If you are applying for your first Guernsey driving licence you will need to provide proof of identification (e.g. a passport) with this application. This is a one-off check.

1. Your details

Title (Mr, Mrs, Miss, Ms, Mx, Sir, Dr, etc)					
Surname					
Forenames					
Date of birth	Day:		Month:		Year:
Address (permanent residential address in the Bailiwick of Guernsey)					
				Post code	
Country of birth				Contact No.	
Email*					

** You must provide a unique personal email. It is recommended this is not a work or school email as this may change. Once provided, applicants will have access to our online services at traffic.gov.gg.*

2. What type of driving licence and categories are you applying for?

Please 'tick' the type of licence(s) that you are applying for and list the categories.

Provisional	First	<input type="checkbox"/>	Categories	
	Renewal	<input type="checkbox"/>	Categories	
	Duplicate*	<input type="checkbox"/>	Categories	
	After Disqualification	<input type="checkbox"/>	Categories	
	Additional Categories**	<input type="checkbox"/>	Categories	
Full	After passing test**	<input type="checkbox"/>	Categories	
	Renewal	<input type="checkbox"/>	Categories	
	Duplicate*	<input type="checkbox"/>	Categories	
	After Disqualification	<input type="checkbox"/>	Categories	
	Additional Categories**	<input type="checkbox"/>	Categories	
	Exchange of UK/foreign**	<input type="checkbox"/>	Categories	

**On being issued with a duplicate licence, the original will be cancelled and will no longer be valid. If you find the original licence, please return this to Driver and Vehicle Licensing.*

*** Applicants must return/surrender current driving licence.*

3. Your previous licence

						Yes	No	
Do you hold, or have you ever held, a driving licence? (unless you are renewing or applying for a duplicate Guernsey licence, you must provide any current licences you hold with this application form)								
Previous Licence number (if known):								
Where was it issued?								
Was your previous licence a provisional or full?				Provisional		Full		
Expiry Date	Day:		Month:		Year:			

4. Your previous history

				Yes	No
Has your licence ever been withdrawn, suspended, revoked or cancelled (e.g. because of a court disqualification or for a medical reason) in another country:					
If 'Yes' please state which country:					
If you are applying after a disqualification , please provide the following information:					
Date disqualified		Period of disqualification			
Offence(s)					

5. Your eyesight and hearing

(Please 'tick' to indicate 'Yes' or 'No' to all that are applicable)

		Yes	No
Can you meet the Guernsey legal eyesight standard for driving, i.e. can you read a car plate at a distance of 22.5 metres in good daylight?			
Do you need to wear glasses or corrective lenses to meet this standard? *			
Do you have any condition affecting either eye (not including colour blindness or short or long sight) and/or total loss of sight in one eye?			
Do you have any condition affecting your visual field or acuity (apart from wearing glasses or corrective lenses)?			
If you have answered Yes to any of the last two questions, please give details:			
Are you profoundly deaf?			
If yes, are you able to communicate in the event of an emergency by speech or by using a device, for example, text-phone?			

* An '01' restriction code will be added to your driving licence to indicate that you require glasses or corrective lenses when driving.

6. Your health

Have you ever, or do you currently suffer from, any of the following conditions?

(Please 'tick' to indicate 'Yes' or 'No' to all that are applicable)

	Yes	No
Epilepsy		
Fits or Blackouts		
Repeated attacks of sudden disabling giddiness or fainting		
Serious psychiatric illness or mental ill health		
Insulin dependent Diabetes or Type 2 (diet and tablets) with complications		
Persistent alcohol or drug misuse or dependency within the past 3 years (other than a single drink driving offence)		
Stroke or Transient Ischaemic Attack (TIA)?		
Angina, other heart condition or heart operation		
Fitted with a cardiac device (pacemaker/defibrillator)		
Parkinson's disease		
Chronic neurological condition including Multiple Sclerosis, Motor Neurone, Alzheimer's and Huntington's disease		
Any type of brain surgery, severe head injury (requiring in-patient treatment), or a brain tumour		
Severe learning disability		
Sleep Apnoea Syndrome or Narcolepsy		
A serious problem with memory or periods of confusion		
Require continuous medication for any medical condition that could affect your ability to drive		
Any persisting limb problem, which needs driving to be restricted to certain types of vehicles or those with adapted controls		
Any other disability or medical condition that could affect your driving		
Please provide additional details for any of the above conditions: (e.g. the date of your last episode, incident, or operation and/or further details on the medical condition or disability)		

Medical Report. If you have answered 'Yes' to any of the conditions above you **must** also provide a medical report form (completed by a local GP or specialist) if you are: applying for your first Guernsey licence OR renewing a Guernsey licence; OR declaring a new condition; OR if an existing condition has altered or changed since the start of your current licence. Driver and Vehicle Licensing may also request further information on any condition when considering your application.

IMPORTANT

You are **legally obliged** to notify Driver and Vehicle Licensing of any medical condition, or change to an existing medical condition, that may affect your driving at any time whilst you hold a Guernsey licence.

7. Your declaration

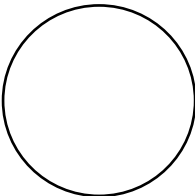
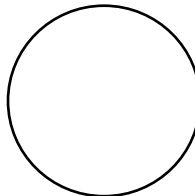
I declare that I am a resident of the Bailiwick of Guernsey* and understand that it is a criminal offence to make a false declaration, or fail to provide information, to obtain a driving licence and that to do so can lead to prosecution and a fine and/or imprisonment.

Date	
Signature (Please ensure you sign with a black pen and that your signature is within the box)	

* A resident of the Bailiwick of Guernsey must live (or plan to live) in the Bailiwick for at least 185 days per year. The 185 days does not apply to students studying abroad or military personnel.

Data Protection Statement

Your personal information will be processed in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. It is processed primarily to register your details in relation to your licence. It will be disclosed to third parties where there is a 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 <https://gov.gg/dp>.

OFFICIAL USE ONLY			
OFFICIAL USE ONLY	Fee: £	Licence 2	Licence 1
	Cash	 _____ INT	 _____ INT
Chq		_____	_____
Card		_____	_____
Ind. Balance date:		No. _____	No. _____
_____		Prev. No. _____	Prev. No. _____
		Start _____	Start _____
		Expiry _____	Expiry _____
		Full Provisional	Full Provisional