

APPLICATION TO REPLACE OR REINSTATE A PERMIT TO DRIVE A PUBLIC SERVICE VEHICLE

This application form constitutes a record and is issued by the Committee *for the* Environment & Infrastructure in accordance with the Public Transport (Guernsey) Law, 1984.

1. Your details					
Surname:		Forename:			
Previous/maiden name:			Date of birth:		
Address:					
	Post code:		Tel No:		
Email:			Current employer:		
Is this application as a result of a disqualification or revocation:			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If you have answered Yes to the above question give details of the disqualification or revocation:					
Please give the period of Disq/Rev:		Start date:		End date:	
Last PSV licence category:		If D category is it: Manual <input type="checkbox"/>		Auto <input type="checkbox"/>	
Period of issue of last PSV:		yrs		Driving licence categories:	
Driver number: (found at section 4d on your plastic licence)					

2. Enhanced conviction disclosure
You will be required to apply for a new DBS certificate as part of your application. Please contact Passenger Transport section on 202227 for further details.

3. Declaration	
Are you suffering from any disease, mental or physical disability which would be likely to interfere with the efficient discharge of your duties as a driver or to cause the driving by you of a motor vehicle to be a source of danger to the public?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you suffered from an epileptic fit within the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you aware of any other reason as to your character, health, or ability to drive a public service vehicle, which should be considered by DVL in determining your application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered YES to any of the above three questions, please provide details on a separate sheet of paper and send it in together with your renewal application.	
I declare that the information I have provided on this form to be true and correct.	
Signature: <input style="width: 300px; height: 25px;" type="text"/>	Date: <input style="width: 150px; height: 25px;" type="text"/>

Any person who, in connection with any application for the grant of a permit, knowingly makes any false statement or recklessly makes any statement which is false in a material particular, shall be guilty of an offence and liable, on conviction to a fine. (Ref. Road Traffic Permits to Drive Public Service Vehicles Ordinances, 1986 and 1988, section 13).

The States of Guernsey will process any personal data that you provide, via this online form, in accordance with [the Data Protection \(Bailiwick of Guernsey\) Law, 2017](#). Further information about how your personal data is processed by the States of Guernsey can be found [here](#).

FOR OFFICIAL USE ONLY

Renewal due date:		Period of permit:	
Permit No:		DBS check no:	
Annual medical required		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Authorised by Name:	Signature:	Date:	