

States of Alderney
States Offices
P O Box 1001
Alderney
GY9 3AA



PUBLIC VEHICLE LICENCE APPLICATION

for: Public Vehicle Driving Licence / Public Vehicle Licence / Road Services Licence (Coach/Omnibus)

YOU MUST PRESENT YOUR CURRENT BAILIWICK DRIVING LICENCE, WITH RELEVANT CATEGORIES, WITH THIS APPLICATION AND THE CORRECT FEE

1. Your details (In BLOCK CAPITALS)

Surname

Address

Other names

Please tick the box that applies to you:

Post Code

Mr Mrs Miss Ms

Work Permit Number

Date of Birth

Place of Birth

2. What categories of licence are you applying for?

3. If you answer yes to any of the next three questions, give details.

* Delete as appropriate

a) Have you ever been refused a driving licence, or had one revoked by this or any other Authority? Yes No

b) Has any Court, in the last five years, ordered a sentence to be endorsed on your licence? Yes No

c) Are you disqualified by any Court from holding or obtaining a driving licence? Yes No

4. Your eyesight.

a) Do you need to wear glasses or contact lenses when driving? Yes No

b) Can you read at a distance of 22.5m (24.61 yards) in good daylight (with glasses or contact lenses if worn) a motor car number plate containing six figures? Yes No

c) Is there anything wrong with your eyesight (such as tunnel vision or double vision, loss of field of vision, partial loss of sight, or night blindness)? Yes No

5. Your health. You must answer every question. If you do not do so then your application will be returned to you.

a) Was your last licence or application refused or withdrawn for medical reasons? Yes No

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

6. To your knowledge, do you now have, or within the last ten years have you had any of the following?:

* Delete as appropriate

Epilepsy or fits Yes No

Severe mental handicap Yes No

Sudden attacks of disabling giddiness, fainting or blackouts * Yes No Diabetes * Yes No

Stroke(s) or TIAs * Yes No Heart Pain (angina) * Yes No

Multiple Sclerosis * Yes No Parkinson's Disease * Yes No

Any other neurological illness * Yes No Any type of brain surgery * Yes No

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

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

9 Have you had alcohol, drug or substance misuse in the past three years? * Yes No

10 Are you fitted with a cardiac pacemaker? * Yes No

If you have answered YES to any question in this section (5-10) please give details below.

You are advised that if you have a Medical Condition which becomes worse after you receive your licence or you develop any new condition, which is expected to last for more than three months, you MUST inform the General Services Committee of the nature of your condition, as it may affect your fitness to drive.

Public Vehicle Licence £70:00

Road Service Licence - Coach / Omnibus £30:00

Public Vehicle Driving Licence £15:50

Taxi Company

Declaration. I declare that I have checked the details I have given, which to the best of my knowledge are correct and true.

Date

Signature

WARNING - IF YOU KNOWINGLY GIVE FALSE INFORMATION YOU ARE LIABLE TO PROSECUTION.

FOR OFFICE USE ONLY

Date Received: _____

Start Date: _____

Expiry Date: _____

Type of Licence Issued: _____

Licence Number: _____

Driving for: _____

Issued by: _____

Bailiwick Licence Number: _____

Bailiwick Licence Categories: _____

Expiry Date: _____