



APPLICATION FOR LEARNERS DRIVERS LICENCE

1. FULL NAME:.....

2. PLACE OF BIRTH:.....

3. DATE OF BIRTH:.....

4. HOME ADDRESS:.....

5. PRESENT ADDRESS:.....

6. CATEGORY OF VEHICLE FOR WHICH LEARNERS LICENCE REQUIRED:

- Motor Cycle of less than 50 cc capacity,
- Motor Cycle of more than 50 cc capacity but less than 125 cc capacity,
- Motor Cycle of more than 125 cc,
- Motor Vehicle,
- Heavy Motor Vehicle,
- Common Vehicle,

7. PARTICULARS OF ANY OTHER DRIVING LICENCE HELD.

.....

8. HAS THE APPLICANT ALREADY BEEN REFUSED A DRIVING LICENCE?

.....

Date of application:...../...../.....

Signature:.....

MEDICAL CERTIFICATE

I, the undersign declare to the best of my knowledge that the applicant does not suffer from any illness or physical handicap which would be likely to cause public danger where he / she is in charge of a Motor Vehicle.

Place of issue:

Date of issue:/...../.....

Signature of Medical Officer:.....

Receipt Number



**DEMANDE DE PERMIS DE CONDUIRE
APPLICATION FOR DRIVING LICENCE**

ROAD TRAFFIC CONTROL ACT CAP 29

TIN NO:

DL NO:

1. Nom de Requérant
Name of Applicant.....
2. Adresse du Requérant
Address of Applicant.....
3. Date de Naissance
Date of Birth.....
4. Taille
Height.....
5. Couleur des Yeux
Colour of Eyes.....
6. Couleur des Cheveux
Colour of Hair.....
7. Catégorie de permis de demande
Category of permit required
 - Motocyclette de moins de 50 cc
Motor Cycle less than 50cc Capacity
 - Motocyclette entre 50 cc et 125 cc
Motor Cycle more than 50 cc but less than 125 cc
 - Motocyclette de 125 cc et plus
Motor Cycle of more than 125 cc
 - Voiture de Tourisme
Motor Vehicle
 - Poids Lourds
Heavy Motor Vehicle
 - Véhicules de Transport en Commun
Common Vehicle
8. Renseignement sur les permis extérieurs au territoire par le requérant
Particulars of the Driving Licence.....
9. Le requérant a-t-il déjà fait l'objet d'un retrait de permis de conduire?
Has the Applicant already been refused a driving licence?.....

Department of Customs and Inland Revenue

Taxpayer Services

Private Mail Bag 9012, Port Vila, Vanuatu

Telephone: (678) 33090 / 33091 or VoIP 2317

Email: irtps@vanuatu.gov.vu

Website: <https://customsinlandrevenue.gov.vu>



CERTIFICAT MEDICAL – MEDICAL CERTIFICATE

Je soussigné déclare à ma connaissance que le requérant ne souffre d'aucune incapacité physique qui pourrait être cause d'un danger en cas de conduire d'un véhicule.

The undersign declare to the best of my knowledge that the applicant does not suffer from any illness or physical handicap which would be likely to cause public danger where he/she is in charge of a motor vehicle.

Place of issue:

Date of issue:/...../.....

Signature of Medical Officer:.....

Receipt Number

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V A N U A T U
CUSTOMS & INLAND REVENUE
SERVICE DE LA DOUANE ET DES
CONTRIBUTIONS INDIRECTES

REPUBLIC OF VANUATU

Schedule 4, Section 44 Cap 29

PRESCRIBED MEDICAL CERTIFICATE

Name of Applicant		Address of Applicant			
Date of Birth		Height		Color of Eye	
Vision Right Eye		Color Vision			
Vision Left Eye		Urine Albumen		Sugar	

Please place a tick one of the boxes below.

	Normal	Abnormal
Heart		
Lung		
Ears		
Abdomen		
Central Nervous System		
Joints		

Comment		
		Official Stamp

I declare to the best of my knowledge that the applicant does not suffer from illness or physical handicap, which could result in the said person being a public danger whilst in charge of a motor vehicle.

Port-Vila,

Name of Doctor:.....

Signature:.....

Date:...../...../.....