## INLAND REVENUE DEPARTMENT

**PHONE**: 784-457-1493

EMAIL: svgird@gov.vc



Inland Revenue Department Kingstown St.Vincent and the Grenadines

## FIRST SCHEDULE

Form 1.

(Reg. 13.)

## $\frac{\text{PARTICULARS TO BE GIVEN BY APPLICANT FOR ISSUE OR RENEWAL OF DRIVING}}{\text{PERMIT}}$

The Motor Vehicles and Road Traffic Ordinance, 1940.

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1.	Full Name of Applicant	DEP	
2.	Postal Address of Residence of Applicant	200	
3.	State type of Motor Vehicle it is intended to drive	* 4 <sub>0</sub>	
4.	State Date of Birth of Applicant	Y Y	
5.	Are you a holder of a driving permit, and have you at any time previously been the holder of a driving permit? If so, state number and date of issue.	X	
6.	State particulars of any driving permit which you hold or have previously held.		
7.	State particulars of any endorsement on any driving permit which you hold or have previously held.	Si	
8.	Have you at any time been disqualified from obtaining driving permit? If so, particulars as to the Court by which, the date on which the disqualification was imposed.	ERENADIV	
9.	Have you passed a driving test? If so, state by whom tested		

## **DECLARATION**

I hereby declare that I am not suffering from deafness or nervousness and that my physique, bodily and mental fitness are such as to qualify me for issue of a driving permit.
Signature of Owner
Date of Application