

INLAND REVENUE DEPARTMENT

PHONE: 784-457-1493

EMAIL: svgird@gov.vc



Inland Revenue Department
Kingstown
St. Vincent and the Grenadines

**PARTICULARS TO BE GIVEN BY APPLICANT FOR ISSUE OF
LEARNER'S PERMIT**

The Motor Vehicles and Road Traffic Ordinance - 1940

1. Applicant:.....

2. Address:.....

3. Date of birth:.....

4. State type of Motor Vehicle in which you intend to learn to drive:

.....
.....
.....

5. Signature of Tutor:

6. 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 the issue of a driving permit:

Signature of Applicant

Date of Application

Issued by:.....

.....
For Licensing Authority

Date:.....