



MINISTRY OF HOME AFFAIRS  
DEPARTMENT OF ROAD SAFETY & TRANSPORTATION  
TURKS & CAICOS ISLANDS

**MOTOR VEHICLE (DRIVING LICENSE) REGULATION**

**FORM III**

Rec. no.

Regulation 6(1)

**APPLICATION FOR REPLACEMENT OF LOST, STOLEN OR  
DESTROYED DRIVING LICENSE**

**1. APPLICANT**

Surname .....

Christian Name(s) .....

Address .....

Tele. No. .... E Mail Address .....

Date of Birth ...../...../..... Height .....(ft) .....(ins) weight .....

Color of eyes ..... Color of hair ..... Sex .....

Issued in .....

Date of issue ..... Date of expiry.....

**2. PARTICULARS OF DRIVING LICENSE HELD:**

Issued in .....

Date of issue ..... Date of expiry .....

PTO.

**3. APPLICATION**

I hereby apply for the replacement of my Driving License no. ....

issued to me on ..... expiring on .....

that is lost/stolen/ destroyed and cannot be found.

**GIVE BRIEF INFORMATION ON LOST/STOLEN/DESTROYED DRIVING LICENSE**

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

I do not suffer from any physical or mental disability likely to prevent me from driving in a safe and proper manner.

I suffer from a disability described on the attached sheet but I apply for a Driving License subject to each condition (if any) ad the Director considers appropriate.

**NOTE:** Defect of vision need not be a disability for the purpose of this declaration if corrected by glasses that are worn at all times when driving.

To the best of my knowledge and belief the particulars given on this form are correct.

**N.B.** it is an offence under this ordinance to give particulars that are not correct.

Signature of applicant ..... Date .....

Issued by ..... Date .....