



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

MOTOR VEHICLE (DRIVING LICENSES) REGULATION

FORM III

Regulation 6(1)

APPLICATION FOR RENEWAL OF DRIVING LICENSE

Rec. No.

APPLICANTS'S SURNAME.....

CHRISTIAN NAMES(S).....

ADDRESS

DATE OF BIRTH HEIGHT FT INS.

WEIGHT..... COLOR OF EYES COLOR OF HAIR

DRIVING LICENSE NO. TELE. NO.

E MAIL ADDRESS

APPLICATION

I hereby apply for the renewal of my Driving License for motor vehicle

Classes

Date of issue Expiring date

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

It is an offence under this ordinance to give particulars that are not correct.

Signature of Applicant