

**Part A (All applicants must complete this part) CUSTOMERS! COMPLETE ONLY THIS SIDE**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 D.O.B: \_\_\_\_\_ (d) \_\_\_\_\_ (m) \_\_\_\_\_ (y) Male/Female Height: \_\_\_\_\_ (inch./cm) Color Eyes: \_\_\_\_\_ Color Hair: \_\_\_\_\_  
 Nationality: \_\_\_\_\_ Email: \_\_\_\_\_

**Cayman Address details: (BOX BELOW)**

House/Building No: \_\_\_\_\_ Apartment No: \_\_\_\_\_ Street Name: \_\_\_\_\_ District: \_\_\_\_\_  
 Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell: \_\_\_\_\_  
 P.O. Box # \_\_\_\_\_ Post Code \_\_\_\_\_ District: \_\_\_\_\_

I want to: (Tick applicable box (es))

- Renew my FULL Cayman Islands Licence **Group 0, 1, 1A, 2 or 3** 3YRS-\$75 or 5YRS-\$125  
**Group 4 + other groups** 3YRS-\$120 or 5YRS-\$200

(If DL is still valid, Driver's Licence must be produced to Licensing Officer at time of renewal). **Once DL has expired it will accumulate back fees and will no longer expire on your birthday.**

- Renew/Obtain **LEARNER'S LICENCE \$60**  
**Note:** A Learner's Licence is valid for 6 months and is for all persons wishing to be tested under Note C. You must state the type of vehicle(s) you wish to learn to drive. (Note: only 1 renewal is allowed).

- A VISITOR DRIVING PERMIT \$16**  
 (Valid Foreign Driver's Licence & Passport required)  
 **AN INTERNATIONAL DRIVING PERMIT \$60**  
 (Local Drivers Licence & 2 Passport sized photos [White background] required)

- A FULL DRIVERS LICENCE EXCHANGE**  
**Group 0, 1, 1A, 2, 3** 3 Years \$125.00 or 5 Years \$175.00  
**Group 4** 3 Years \$170.00 or 5 Years \$250.00  
 (Valid Foreign Driver's Licence & Passport required)

- REPLACE MY FULL / LEARNER'S LICENCE:**  
 Which has been lost / stolen / destroyed / defective/ Dept. error  
 Change of name (present marriage cert. or deed poll) or address  
 (Police Report required if Licence is still valid)  
 **Upgrade my Driver's Licence to include**  
 [Select groups in box to the right]

**<ONLY First time applicants AND persons applying for an upgrade are to complete this box>**

- I am applying for the following type of Licence:  
 **Group 2** (Group0, Motor cars & taxis & trucks not exc. 8500lbs; max 15 passengers; towing a trailer not exc. 2000lbs; except group 1 and 1A)  
 **Group 3** (Group0 & 2; trucks up to 33,000 lbs; omnibuses max 40 passengers; towing a trailer not exceeding 10,000lbs; except group 1 and 1A)  
 **Group 4** (over 33,000 lbs; Special Vehicles over 40 passengers; except group 1 and 1A)

**Motorcycles Groups:**

- Group 0** Mopeds  
 **Group 1** Motorcycles(which includes mopeds & motor scooters) with a cylinder capacity not exceeding 125cc  
 **Group 1A** Motorcycles with a cylinder capacity exceeding 125cc & includes motorcycles in group 1

**The Provisions under which this application is being made is:**

- I am the holder of a valid licence from \_\_\_\_\_, AND I am seeking exemption from the road test as allowed under s.29 of the Law.  
 I have successfully passed the test for this/these group/s, in the Cayman Islands

**Part B DISABILITIES (all applicants must complete this part)**

**HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING DISABILITIES? (Please tick "Yes" or "No" to each question)**

- |   |  |                               |  |
|---|--|-------------------------------|--|
| Total deafness  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you wear a hearing aid?    | <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| Mental illness  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Epilepsy                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| Aneurysm  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Angina pectoris               | <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| Do you wear glasses   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you lost a hand or foot? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify which |
| Defective eyesight - where sight in either eye is less than 10/20 when corrected with glasses | <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |  |
| Any disease of nervous system giving rise to a lack of muscular coordination                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |  |
| Any other physical or mental disability which may affect your ability to drive                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |  |

**Part C THE FOLLOWING DOCUMENTS MUST BE ATTACHED (Only first time applicants need complete this part)**

- A. Certificate of Competence to Drive, OR  
 B. Proof of a pass in the written test, AND  
 C. Foreign Driver's Licence, AND  
 D. Passport

**Part D DECLARATION (Applicants must complete form)**

I hereby solemnly declare that I am not disqualified from holding or obtaining a driving licence for any reason prescribed by law or by any court. I declare that the information provided on this form is true and correct. A false declaration is punishable by a fine of two thousand dollars and to imprisonment for twelve months.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(REVERSE OF FORM 14)



**TO BE COMPLETED BY CERTIFYING OFFICER**  
Percentage gained on written examination  
%PASS/FAIL

\_\_\_\_\_  
Signature of Certifying Officer

**EXEMPTION FROM TEST:**

**For use of Supervisors (verifying foreign licence) only:**

I certify that I have reviewed

Licence No: \_\_\_\_\_

The issue date is: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Issued from: \_\_\_\_\_

The expiry date is: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<State & Country>

From my review, the above applicant is entitled and may be granted a licence to drive vehicles in the following Group/s

(NOTE: Circle & initial only the group/s allowed)

Group	2	3	4	1	1A	0
Write FULL or LEARNER						
Initial						

Notes: \_\_\_\_\_

Signature & Stamp of Supervisor: \_\_\_\_\_

**To be completed by Supervisor only, following a Departmental auditing of this application:**

I certify that this application was audited and found to be

- In order
- Not in order

Where not in order, this must be referred to the Director

Date referred to Director: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature & Stamp of Supervisor:

\_\_\_\_\_

**To be completed by Director**

(Only where application is found not in order):

Action taken: \_\_\_\_\_

Signature & Stamp of Director:

\_\_\_\_\_