

Section 37, Traffic Act, (2021 Revision)
Application for a Driver's Licence

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

First Name: _____ Middle Name: _____ Surname: _____

D.O.B: (dd / mmm / yyyy) _____ Male / Female / Other Height: _____ (inch./cm) Color Eyes: _____ Color Hair: _____

Nationality: _____ Email: _____

Cayman Address Details: (BOX BELOW)

House/Building No: _____	Apartment No: _____	Street Name: _____	District: _____
Contact #: _____	P.O. Box # _____	Postal Code - _____	

I want to: Tick applicable box (es) **The Driver's Licence Number** _____

- ☐ Renew my FULL Cayman Islands Licence Group 0, 1, 1A, 2 or 3
 ☐ 3YRS-\$75 or ☐ 5YRS-\$125 ☐ 10YRS-\$250
 Group 4 + other groups ☐ 3YRS-\$120 or ☐ 5YRS-\$200 ☐ 10YRS-\$400

(If DL is still valid, Driver's Licence must be produced to Licensing Officer at the time of renewal). Once DL has expired it will accumulate back fees and is optional to 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).

☐ AN INTERNATIONAL DRIVING PERMIT \$60

(Local Driver's Licence & 2 Passport sized photos [White background] required)

☐ A FULL DRIVER'S LICENCE EXCHANGE

Group 0, 1, 1A, 2, 3

☐ 3 Years \$125.00, ☐ 5 Years \$175.00 ☐ 10 Years \$250.00

Group 4

☐ 3 Years \$170.00, ☐ 5 Years \$250.00 ☐ 10 Years \$450.00

(Valid Foreign Driver's Licence & Passport required)

☐ REPLACE MY FULL DRIVER'S / LEARNER'S LICENCE:

Which has been lost / stolen / destroyed / defective/ Dept. error
 Change of name (present marriage certificate or deed poll) or
 address (Police Report required if Licence is still valid)

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	If yes, specify which
Mental disability	<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	

Defective eyesight - where sight in either eye is less than 10/20 when corrected with glasses

☐ Yes ☐ No

Any disease of nervous system giving rise to a lack of muscular coordination

☐ Yes ☐ No

Any other physical or mental disability which may affect your ability to drive

☐ Yes ☐ No

Have any episode(s)/incident(s) associated with this condition caused any loss of consciousness, awareness, and/or body control(customer a doctor's note or further test to be required during processing.)

☐ Yes ☐ 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 the Traffic Act 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.

(dd / mmm / yyyy)

Full Name of Applicant

Applicant's Signature

Date (dd / mm / yyyy)

(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:

Supervisor to verify: (1) Foreign Driver's Licence, (2) Passport, and (3) Certified Driving Examiner's stamp of pass mark obtained on Written Test and Examiner's Signature. (Reverse of this Form)

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:
