

Application for a Driver's Licence Form T.R. 14

Section 37, Traffic Act (2023 Revision)

1. Your Details

First Name:	Middle Name(s):	Surname:	Date of Birth (dd/mm/yy):
Gender:	Height (inch./cm):	Eye Color:	Hair Color:
Nationality:			
Current Address Details:			
Primary Phone:	Alternate Phone:	Email:	
House/Building No:	Apartment No:	Street Name:	Island:
District:	P.O. Box #:	Postal Code:	

2. The Licence You Want

Learner's (Renew / Obtain) - \$60

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. (Only 1 renewal is allowed).

Renew Full Cayman Islands Licence

If Driver's Licence is still valid, Driver's Licence must be produced to Licensing Officer at time of renewal. Once Driver's Licence has expired it will accumulate back fees and is optional to expire on your birthday.

Licence No.

Replacement - \$40

If your licence has been Lost / Stolen / Destroyed / Defective / Department Error / Name Change (must present a Marriage Certificate or Deed Poll) / Address Change (Police Report required if licence is still valid).

International Driving Permit - \$60

Local Driver's Licence & 2 Passport sized photos (white background) required.

Full Licence Exchange

Foreign Driver's Licence Number:		Country of Issue:
Date of Issue:	Date of Expiry:	Date of Arrival in Cayman Island:

(Valid Foreign Driver's Licence & Passport required)

2a. Type of Diver's Licence

- Group 0 - (Mopeds)
- Group 1 - (Motorcycles (which includes mopeds and motor scooters) with a cylinder capacity not exceeding 125cc)
- Group 1A - (Motorcycles with a cylinder capacity exceeding 125cc and includes motorcycles in group 1)
- Group 2 - (Group 0, Motor cars and taxis and trucks not exceeding 8500 lbs; max 15 passengers; towing a trailer not exceeding 2000 lbs; except group 1 and 1A)
- Group 3 - (Group 0 and 2: trucks up to 33,000 lbs; omnibuses max 40 passengers; towing a trailer not exceeding 10,000 lbs; except group 1 and 1A)
- Group 4 - (Over 33,000 lbs; Special vehicles over 40 passengers; except group 1 and 1A)

Renew [Group: 0, 1, 1A, 2, 3]

- 3 Years - \$75.00 5 Years - \$125.00 10 Years - \$250.00

Renew [Group: 4+]

- 3 Years - \$120.00 5 Years - \$200.00 10 Years - \$400.00
- Select to have your license expire on your birthday

Exchange [Group: 0, 1, 1A, 2, 3]

- 3 Years - \$125.00 5 Years - \$175.00 10 Years - \$300.00

Exchange [Group: 4+]

- 3 Years - \$170.00 5 Years - \$250.00 10 Years - \$450.00

The Provision 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 Section 29 of the Traffic Act.

I am the holder of a valid licence from (Please select one of the following)

UK / Northern Ireland / Guernsey / Gibraltar / Isle of Man / The Bailiwick of Jersey, And i am seeking exemption from the written and road test as allowed under Secion 27A of the Traffic (Amendment) Act, 2024.

3. Document Checklist

Make sure you have enclosed the following where they apply. Tick the appropriate boxes.

- Passport
- Certificate of Competence to Drive
- Proof of a pass in the written test
- Marriage certificate
- Deed Poll
- Valid Foreign Driver's Licence
- Certificate of Entitlement (Produced) UK, Guernsey, Isle of man, Jersey and Gibraltar
- Police Report

4. Your Health

Have you ever had, or do you currently suffer from any of the following? (Please tick the appropriate boxes)

- Total deafness
- Do you wear a hearing aid?
- Mental disability
- Epilepsy
- Aneurysm
- Angina Pectoris
- Do you wear glasses?
- Have you lost a limb? (e.g. hand or foot) If yes, specify which _____
- Defective eyesight - where sight in either eye is less than 10/20 when corrected with glasses
- Any nervous system disease giving rise to lack of muscular coordination
- Any other physical or mental disability which may affect your ability to drive
- 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.)

If you have answered YES to one of the above questions you may be required to complete a medical questionnaire.

5. Your Signature

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.

Full Name of Applicant's:

Applicant's Signature

Date: _____



(REVERSE OF FORM 14)
For Official Use Only

EXEMPTION FROM TEST:

For use of Supervisors (verifying foreign licence) only:

I certify that I have reviewed the:

Licence No:

Date of Issue: ____ / ____ / ____

Issued from:

Date of Expiry: ____ / ____ / ____

(State & Country)

Group No.	
Full or Learner	
Initial	

Notes: _____

Signature & Stamp of Supervisor: _____

Supervisor to verify:

- Foreign Driver's Licence
- Passport
- Certified Driving Examiner's stamp of pass mark obtained on Written Test
- Examiner's Signature

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:
