

**Department of Vehicle & Drivers' Licensing  
Application for Written Test**

**Notice to Applicants**

- Complete PART A in block capitals using.
- Fee CI\$25
- ROAD CODE can be found on the department website [www.dvdl.gov.ky](http://www.dvdl.gov.ky) Click useful links
- **APPOINTMENTS MAY ALSO BE BOOKED THROUGH THE CUSTOMER SUPPORT UNIT @ 345-945-8344 OPTION: 1**

**PART A**

First Name:	Middle Name:	Last Name:	Date of Birth (DD/MM/YYYY):
Sex:	Eye Colour:	Hair Colour:	Height:
Nationality:	P.O. Box:	Postal Code:	
House No:	Unit #:	Street Address:	
Island:	District:	Email:	Contact #

**Declaration**

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

\_\_\_\_\_  
Full Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date ( dd / mm / yyyy )

# DRIVING EXAMINATION

EFFECTIVE THE 20TH SEPTEMBER 2021; THE DEPARTMENT WILL REQUIRE THAT ALL PERSONS VISITING ANY OF THE OFFICE LOCATIONS WEAR A FACE MASK.

THIS ALSO APPLIES TO PERSONS SITTING WRITTEN AND PRACTICAL ROAD EXAMINATIONS.

APPLICANTS WHO HAVE BOOKED AND CONFIRMED A **WRITTEN** APPOINTMENT WHO WISH TO CHANGE THE DATE **MUST GIVE (15) FIFTEEN MINUTES** NOTICE. PLEASE REFER TO THE “**TOUCH SCREEN BROCHURE**.” HOWEVER APPLICANTS FOR THE PRACTICAL ROAD TEST **MUST CANCEL 24 HOURS PRIOR TO THE DATE OF THE TEST**. FAILURE TO COMPLY WILL RESULT IN ANOTHER PAYMENT OF THE PRESCRIBED FEE. THE STUDY MATERIAL CAN BE FOUND AT [WWW.DVDL.GOV.KY](http://WWW.DVDL.GOV.KY).

APPLICANTS MUST PROVIDE THEIR OWN VEHICLE OR MAKE PROVISIONS PRIOR TO ATTENDING THE TEST AND BE IN POSSESSION OF A VALID INSURANCE CERTIFICATE FOR THE VEHICLE BEING USED. THE INSURANCE SHOULD STATE WHO IS COVERED BY THE INSURANCE.

(INSURANCES MAY NOT NECESSARILY COVER PERSONS WITH A PROVISIONAL LICENCE.)

**FOR MOTORCYCLE EXAMINATIONS PLEASE BRING A WAVE CAP OR BANDANA AS HELMETS MAY BE PROVIDED**  
(BEFORE STARTING THE TEST ALL APPLICANTS MUST HAVE PROPER RIDING GEAR.)

PROPER RIDING GEAR WILL CONSIST OF BUT NOT LIMITED TO AN APPROVED HELMET

1. ACU (auto cycle union) GOLD OR SILVER
2. DOT FMVSS 218 (USA)
3. SNELL M 2005
4. SHARP (UK) STAR RATING
5. ECE 22.05 rev. (EUROPE (2001)

(SECTION 24 (1) OF THE TRAFFIC REGULATIONS (2021 REVISION)

FULL FINGER RIDING GLOVES, LONG PANTS, EYE PROTECTION (VISORS OR GOGGLES), LONG SLEEVED SHIRT/JACKET AND OVER THE ANKLE FOOTWEAR (WITH LITTLE TO NO HEEL AND NOT CLOTH OR CANVAS)

“**L**” PLATE MUST BE DISPLAYED AT ALL TIMES DURING THE TEST. DIAGRAM IS AVAILABLE ON THE WEBSITE

**YOU MUST HAVE THESE ITEMS TO DO THE TEST.**

NO DAMAGED HELMETS OR ACCESSORIES WILL BE ACCEPTED. IF THESE RULES ARE NOT MET, THE TEST WILL AUTOMATICALLY BE CANCELLED AND THE APPLICANT MUST REBOOK AT THEIR EXPENSE.