

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) Colour Eyes: ____ Colour Hair: ____

Nationality: _____ Email: _____

Cayman Address details: (BOX BELOW)

House/Building No: _____	Apartment No: _____	Street Name: _____	District: _____
Home Ph: _____	Work Ph: _____	Cell: _____	
P.O. Box # _____	KY _____	District: _____	

I want to: (Tick applicable box (es)) The 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 \$300.00
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)

UPGRADE

<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** (Group 0, Motor cars & taxis & trucks not exc. 8500 lbs; max 15 passengers; towing a trailer not exc. 2000 lbs; except group 1 and 1A)
 Group 3 (Group 0 & 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)

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 Traffic Act.
 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 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 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 | | |
- Have any episode(s)/incident(s) associated with this condition caused any loss of consciousness, awareness, and/or body control** 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.

Last updated: October 2021

Applicant's Signature: _____ Date: ____ (dd)/ ____ (mm)/ ____ (yy)

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:
