

FEDERATION OF ST. CHRISTOPHER AND NEVIS LICENCING AUTHORITY

RENEWAL OF DRIVERS LICENCE FOR PERSONS RESIDING OUTSIDE OF SAINT CHRISTOPHER AND NEVIS



TPS-005/0

SECTION 1

DRIVER LICENCE NO.:	<input type="text"/>												
LAST NAME:	<input type="text"/>												
FIRST NAME:	<input type="text"/>												
MIDDLE NAMES:	<input type="text"/>												
COUNTRY OF BIRTH:	<input type="text"/>												
LOCAL ADDRESS:	<input type="text"/>												
OVERSEAS ADDRESS:	<input type="text"/>												
CITY / TOWN / VILLAGE:	<input type="text"/>					STATE:	<input type="text"/>						
COUNTRY:	<input type="text"/>					CODE:	<input type="text"/>						
HOME PHONE:	<input type="text"/>			WORK :	<input type="text"/>			MOBILE :	<input type="text"/>				
E-MAIL ADDRESS:	<input type="text"/>												

ATTACH A
PASSPORT
SIZED
PICTURE OF
APPLICANT
HERE

SECTION 2

BIRTHDATE:	<input style="width: 150px; height: 25px; border: 1px solid black; text-align: center; font-size: 1.2em; font-weight: bold; border-bottom: none; border-left: none; border-right: none; border-top: none;" type="text"/> / <input style="width: 150px; height: 25px; border: 1px solid black; text-align: center; font-size: 1.2em; font-weight: bold; border-bottom: none; border-left: none; border-right: none; border-top: none;" type="text"/> / <input style="width: 150px; height: 25px; border: 1px solid black; text-align: center; font-size: 1.2em; font-weight: bold; border-bottom: none; border-left: none; border-right: none; border-top: none;" type="text"/>	GENDER:	<input style="width: 20px; height: 25px; border: 1px solid black; text-align: center; font-weight: bold; border-bottom: none; border-left: none; border-right: none; border-top: none;" type="text"/>	<input style="width: 20px; height: 25px; border: 1px solid black; text-align: center; font-weight: bold; border-bottom: none; border-left: none; border-right: none; border-top: none;" type="text"/>
DAY / MONTH / YEAR				
BLOOD TYPE:	<input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/>	HEIGHT:	<input style="width: 50px; height: 25px; border: 1px solid black; text-align: center; font-weight: bold; border-bottom: none; border-left: none; border-right: none; border-top: none;" type="text"/>	<input style="width: 50px; height: 25px; border: 1px solid black; text-align: center; font-weight: bold; border-bottom: none; border-left: none; border-right: none; border-top: none;" type="text"/>

SECTION 3

I hereby declare that I am not incapacitated in any way that would impact my ability to safely operate a motor vehicle and that I have read and understood the instructions and warnings accompanying this application. I also declare that the information given on this form is to the best of my knowledge and belief true and correct and that I have the authority to disclose the information provided. I understand that the Saint Christopher and Nevis Licencing Authority reserves the right to review this application and the applicant will be held responsible for (i) understating, overstating or omitting data and (ii) the payment of any fees fines and penalties associated with their actions, as defined under the Vehicles and Road Traffic Ordinance and The Perjury Act. Be aware that a person who makes a false declaration commits an offence under Section 5 of the Perjury Act, 2005 of the laws of Saint Christopher and Nevis and that person is liable to a fine of thirty-thousand (\$ 30,000.00) dollars or imprisonment for a term of seven (7) years.

SIGNATURE OF APPLICANT

(Signature must be completely contained in the box)

 / /

DAY / MONTH / YEAR

SECTION 4 - TO BE COMPLETED BY THE NOTARY PUBLIC

The foregoing instrument was acknowledged before me this

<i>DAY</i>	<i>MONTH</i>	<i>YEAR</i>

by
NAME OF APPLICANT

who is personally known to me or satisfactorily proven to be the person who executed it for the purpose therein contained.

NAME OF NOTARY PUBLIC
SIGNATURE OF NOTARY PUBLIC

STATE OF:

COUNTRY:

MY COMMISSION EXPIRES ON
DAY / MONTH / YEAR

SEAL OF NOTARY PUBLIC

SECTION 5 - TO BE COMPLETED BY INDIVIDUAL MAKING REQUEST ON BEHALF OF APPLICANT

I OF
NAME OF PERSON MAKING REQUEST *ADDRESS OF PERSON MAKING REQUEST*

DO HEREBY DECLARE THAT THE APPLICANT IS KNOWN TO ME
NAME OF THE APPLICANT

AND I AM PRESENTING THIS APPLICATION IN PERSON ON HIS/HER BEHALF

SECTION 6 - TO BE COMPLETED BY THE APPLICANT

I OF
NAME OF THE APPLICANT *ADDRESS OF OF THE APPLICANT*

DO HEREBY AUTHORISE TO RENEW AND COLLECT A DRIVER
NAME OF PERSON MAKING REQUEST

LICENCE ON MY BEHALF.

SECTION 7 - TO BE COMPLETED BY ST CHRISTOPHER AND NEVIS LICENCING AUTHORITY

DRIVER LICENCE NO.:

LICENCE TYPE: AUTOMATIC STANDARD

LICENCE CLASS: A B C D E F M P

Licence Officer

DAY / MONTH / YEAR