

# FEDERATION OF ST. CHRISTOPHER AND NEVIS LICENCING AUTHORITY

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



TPS-005/O

This application is intended for individuals residing outside of the Federation of Saint Christopher and Nevis and whose drivers licence has expired for five (5) or more years. All other individuals must renew using E-Services or Quick Pay via [www.skniird.com](http://www.skniird.com).

## SECTION 1

|                        |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| DRIVER LICENCE NO.:    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <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"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|                        | <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 type="text"/> | GENDER: | <input type="checkbox"/> M | <input type="checkbox"/> F |
|             | DAY / MONTH / YEAR   |         |                            |                            |
| BLOOD TYPE: | <input type="text"/> | HEIGHT: | <input type="text"/>       | <input type="text"/>       |
|             |                      |         | FEET                       | INCHES                     |

## SECTION 3 - DECLARATION

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