## FEDERATION OF ST. CHRISTOPHER AND NEVIS LICENCING AUTHORIT

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.sknird.com.

SECTION 1					
DRIVER LICENCE NO.:					
LAST NAME:					
FIRST NAME:					ATTACH A
MIDDLE NAMES:					PASSPORT SIZED
COUNTRY OF BIRTH:					PICTURE OF APPLICANT
LOCAL ADDRESS:					HERE
OVERSEAS ADDRESS:					
CITY / TOWN / VILLAGE:			STATE:		
COUNTRY:			CODE:		
HOME PHONE:		WORK :		MOBILE :	
E-MAIL ADDRESS:					
SECTION 2  BIRTHDATE:	DAY	/ MONTH / YEAR		GENDER:	M F
BLOOD TYPE:		HE	IGHT: F	EET II	NCHES
declare that the information that I have the author Licencing Authority runderstating, overstatheir actions, as defined	I am not incapacitate read and understant on given on the rity to disclose the reserves the right to atting or omitting dated under the Vehicalse declaration of Nevis and that per read under the testion of the read under the read u	tood the instruction is form is to the bound information provious review this appleta and (ii) the payocles and Road Tracommits an offenderson is liable to a	ons and warnings lest of my knowled ded. I understand ication and the ap ment of any fees affic Ordinance an le under Section 5	accompanying dge and belief tr that the Saint Coplicant will be hims and penalt d The Perjury Acof the Perju	this application. I also rue and correct and christopher and Nevis reld responsible for (i) ties associated with ct. Be aware that a Act, 2005 of the laws of
SIGN	ATURE OF APPLICANT			DAY / MONTH	/ YEAR
(Signature must	be completely contained	l in the box)			

## SECTION 4 - TO BE COMPLETED BY THE NOTARY PUBLIC

	as acknowledged before me this			
		DAY	MONTH	YEAR
by				
		NAME OF APPLICANT		
who is personally known to	me or satisfactorily proven to be the	person who executed it f	or the purpose therein cor	ntained.
		]		
NAME O	DF NOTARY PUBLIC			
			GNATURE OF NOTARY PUBLIC	C
STATE OF:		COUNTRY:		
MY COMMISSION EXPIRES				
	DAY / MONTH /	YEAR		
			SEAL OF NO	TARY PUBLIC
_	ETED BY INDIVIDUAL MAKING	REQUEST ON BEHA		TARY PUBLIC
I	ETED BY INDIVIDUAL MAKING PERSON MAKING REQUEST	OF		
I		OF	ALF OF APPLICANT	
I	PERSON MAKING REQUEST	OF	ALF OF APPLICANT	UEST
NAME OF P	THE APPLICANT	OF  ADD  NAME OF THE APPLICAN	ALF OF APPLICANT  RESS OF PERSON MAKING REQU	UEST
NAME OF P	PERSON MAKING REQUEST	OF  ADD  NAME OF THE APPLICAN	ALF OF APPLICANT  RESS OF PERSON MAKING REQU	UEST
NAME OF P	THE APPLICANT	OF  ADD  NAME OF THE APPLICAN	ALF OF APPLICANT  RESS OF PERSON MAKING REQU	UEST
I  NAME OF P.  DO HEREBY DECLARE THAT  AND I AM PRESENTING THIS A	THE APPLICANT	OF  ADD  NAME OF THE APPLICAN	ALF OF APPLICANT  RESS OF PERSON MAKING REQU	UEST
I  NAME OF P.  DO HEREBY DECLARE THAT  AND I AM PRESENTING THIS A	THE APPLICANT  APPLICATION IN PERSON ON HIS/HE	OF  ADD  NAME OF THE APPLICAN	ALF OF APPLICANT  RESS OF PERSON MAKING REQU	UEST
I  NAME OF P.  DO HEREBY DECLARE THAT  AND I AM PRESENTING THIS A  CTION 6 - TO BE COMPLE  I	THE APPLICANT  APPLICATION IN PERSON ON HIS/HE	NAME OF THE APPLICANER BEHALF.	ALF OF APPLICANT  RESS OF PERSON MAKING REQU	UEST  IS KNOWN TO M
I  NAME OF P.  DO HEREBY DECLARE THAT  AND I AM PRESENTING THIS A  CTION 6 - TO BE COMPLE  I	THE APPLICANT  APPLICATION IN PERSON ON HIS/HE  ETED BY THE APPLICANT	NAME OF THE APPLICANER BEHALF.	ALF OF APPLICANT  RESS OF PERSON MAKING REQUITE  IT	UEST  IS KNOWN TO M

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

DRIVER LICENCE NO.:					
LICENCE TYPE:	AUTOMATIC STAN	DARD			
LICENCE CLASS:	A B C D	E F	М		
	Licence Officer			DAY / MONTH /	YEAR
PROCESSING					
INDENTIFICATION TYPE:		NUMBER:		EXPIRES:	
INDENTIFICATION TYPE:		NUMBER:		EXPIRES:	
TAXPAYER NO.:					
ISSUED:	DAY	YEAR	EXPIRES:	<b>DAY</b> MONTH	H YEAR
ENTERED BY:				<b>DAY</b> MONTH	H YEAR
PRINTED BY:				<b>DAY</b> MONTH	H YEAR
VERIFIED BY:				<b>DAY</b> MONTH	YEAR