



PAPUA NEW GUINEA  
**APPLICATION FOR LICENCE OR PROVISIONAL LICENCE**  
*Motor Traffic Act 1950, as amended to date*

Surname or Father's Name: ..... Given Names: .....

Address: Business ..... Residential: .....

Date of Birth: Day ..... Month: ..... Year: .....

Place of Birth: Village: ..... Province: .....

Town: ..... Country: .....

Nationality: ..... Male/Female: ..... Height: .....

Class of Licence: ..... Date Issued: .....

Old Licence No: .....

Details

Is there anything wrong with your health which may affect your safe driving?	YES/NO	
Have you ever been refused a learner's permit or driver's licence anywhere?	YES/NO	
Has your licence ever been cancelled or suspended?	YES/NO	
Have you ever been convicted of driving under the influence of intoxicating liquor (drunk driving) or driving under the influence of a drug?	YES/NO	
Have you ever been convicted of any traffic offence for other than parking?	YES/NO	

**TO BE COMPLETED BY HOLDER OF FOREIGN DRIVER'S LICENCE**

Issued at: ..... Licence Number: ..... Date of Expiry: .....

Equivalent PNG Class for which licence valid: .....

**TO BE COMPLETED IN CASES WHERE APPLICANT UNDERTAKES TEST**

Eyesight: ..... Oral/Written knowledge test: ..... Driving Test: .....

Test done with/without spectacles. Disabilities apparent.

Signature of Testing Officer: .....

PASS	FAIL
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Reg. No. ....

I, the above-named, do hereby declare that to the best of my knowledge and belief the above details and answers are true and correct.

Receipt No.: ..... Signed: .....

Licence No.: ..... Witness: .....

Date: .....