

MOTOR VEHICLES

Form "A"

[see section 7(2)]

Form of applicant for License to drive a Motor Vehicle.

Section-1

Application

I apply for a license to enable me to drive _____

as a paid employee.

*other than a paid employee.

* Vehicles of the following description:-

- (a) Motor Cycles
- (b) Motor Cars
- (c) Invalid Carriages
- (d) Motor Cabs
- (e) Delivery Vans
- (f) Light Transport Vehicle * Including public service vehicles.
Excluding
- (g) Heavy Transport Vehicle * Including public service vehicles.
Excluding
- (h) Tractors.
- (i) Road-rollers.
- (j) Locomotives
- (k) A vehicle of a special type (description attached) constructed or adopted to be driven by me.

* Strike out whichever in applicable.

Section II

Particulars to be furnished by the applicant.

- 1. Full name and name of father _____
- 2. Permanent address _____
- 3. Temporary address _____
- 4. Age at date of application _____
- 5. Particulars of any License previously held by applicant _____
- 6. Particulars and date at any conviction which have been ordered to be endorsed on any License held by the applicant _____

N-W.F.P., M.V. No. 14.

- 7. Have you been disqualified for obtaining a License to drive? If, so for what reason _____
- 8. Have you been subjected to a driving test as to your fitness or ability to drive a vehicle in respect of which a License to drive is applied for? If, so give date, testing authority and result of test _____

Section-III

Declaration as to physical fitness of applicant.

The applicant is required to answer "Yes" or "No" in the space provided opposite each question.

- (a) Do you suffer from epilepsy or from sudden attack of disabling giddiness, or fainting? _____

- (b) Are you able to distinguish with each eye at a distance of 25 yards in good day light (with glasses if worn) a motor car number plate containing seven letters and figures? _____
- (c) Have you lost either hand or foot or are you suffering from any defect in movement control, or muscular power of either arm or leg? _____
- (d) Do you suffer from colour blindness? _____
- (e) Do you suffer from a defect of hearing? _____
- (f) Do you suffer from any other disease or disability likely to cause your driving of a motor vehicle to be a source of danger to the public? _____
If, so give particulars _____

I declare to the best of my information and belief the particulars given in Section II and the declaration made in Section III hereof true.

Note: An applicant who answers “Yes” to question (b) and (c) in declaration and “No” to the other questions may claim to be subjected to a test to his competency to drive vehicles of a specified type or types.

Dated:199

Signature or Thumb Impression of Applicant

Forwarded to the superintendent of Police _____ for Verification that the applicant is not disqualified from, obtaining a License under the provisions of sections 15 and 17 of the Motor Vehicles Act, 1939.

He is require to pass the test competence to drive specified in Third Schedule of M.V.
He has been exempted from Part I of the test specified in Third Schedule U/S 6(6) of M.V.

Act, 1939 for which he has deposited a fee of five rupees.
Act, 1939

Dated:199

Motor Licensing Officer

Returned to Licensing Authority _____
The applicant is not disqualified from obtaining a Driving License.

Dated:199

Superintendent of Police

Certificate of test of ability to drive.

The applicant has passed in the test specified in the Third Schedule to the Motor Vehicles Act, 1939. The test was conducted on a* _____

_____ on (date) _____

Signature of Testing Authority.

Duplicate Signature or Thumb
Impression of Applicant.

* Here enter description of vehicle.