



# Application for a driving licence

You must read booklet INF1D when filling in this form.

Information about the Premium Service available at selected Post Office™ branches and DVLA local offices is also in this booklet. See leaflet INS115 for information on fees.



Please use BLOCK CAPITALS and fill in this form in black ink. If you want to apply for a LGV or PCV licence, you need to fill in a D2 application form. See page 12 of the INF1D for details of where to get this form.

## 1 Your details

Surname

First names

Mr  Mrs  Miss  Ms

Other title  Male  Female   
(for example, Rev)

Date of birth

What is your UK driver number (if you know it?)

Current address

Post town Postcode

Place of birth (country)

Full daytime phone number

E-mail address

Has your name or address (or both) changed since your last licence was issued? No  Yes

If 'Yes', write the previous details below.

## 1a Residency

Have you lived in another EC or EEA country in the last 12 months?

No  Yes

If 'Yes', which country?

What date did you come to live in the UK?

## 2 Your eyesight

You must fill in both questions 2a and 2b

a Can you read a car number-plate (with glasses or corrective lenses if necessary) from 20.5 metres (67 feet) or 20 metres (65 feet) where narrower characters (50mm wide) are displayed? Yes  No

b Do you need to wear glasses or corrective lenses when driving? Yes  No

## 3 The licence you want

**Start date** Your licence starts on the day we issue it. You can ask for your licence to start from a later date but this cannot be more than two months after the day you apply.

Day Month Year

Please tick the licence you want.

• **Provisional**   
If you are 16 and getting Disability Living Allowance (mobility component) at the higher rate, and want to drive a car

• **Replacement**   
Replace my licence due to a change of name or address (or both). I am enclosing my current driving licence.

• **Duplicate**   
My licence has been:  
lost or stolen  defaced  destroyed

• **Exchange**   
Change my licence following a test pass.

Enter categories in the box.

Remove expired endorsements or suspension details.

Add provisional motorcycle entitlement.

Exchange my paper licence for a photocard licence.

Change my photograph.

Exchange my Northern Ireland licence.

Exchange my foreign licence for a British one.

Which country issued it?

Did you pass your test in that Country? Yes  No

If 'No', which country?

If you passed your test in Canada, was it in a vehicle with manual transmission? Yes  No

If 'Yes', you must enclose evidence of this (if not shown on your licence). See INF1D page 12 – licences from other countries.

• **Renew**   
At age 70 or over   
For medical reasons   
Revoked under the Road Traffic (New Drivers) Act 1995   
After disqualification

## Organ donation

I want to donate an organ to help someone else after my death. Please register me on the NHS Organ Donor register as someone whose organs can be used for a transplant. Tick the appropriate box or boxes.

Any part of my body  Kidneys  Corneas   
Heart  Lungs  Liver  Pancreas

Official use only

Passport

B/cert

M/cert

Other

No ID

## 4 Previous licence details

• Was your last licence a: **photocard licence?**  **paper licence?**

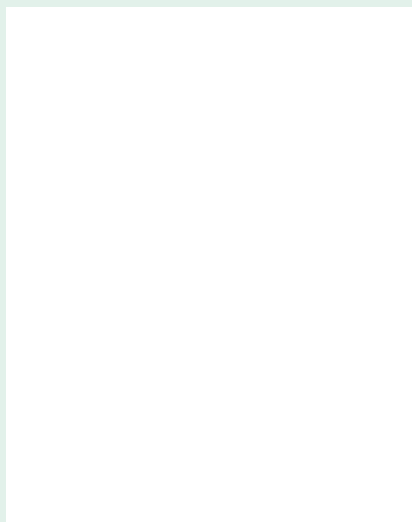
• If you have given up driving because you were disqualified in Great Britain, please give the date and say which court dealt with it (if known).

Day Month Year Court name

Are you currently disqualified in any other country? No  Yes

If 'Yes', which country were you disqualified in?

What is the expiry date shown on the licence or entitlement you are renewing? Day Month Year



Back of photograph



## 5 Your health

You must fill in either part A or part B or we will send your application back to you.

If you have already told us about a medical condition that could affect your fitness to drive – and you have no new medical condition – miss out part A and go on to part B of this section.

### Part A

Have you ever had, or do you currently suffer from any of the following conditions? No  Yes

If you have answered 'Yes', please tick all the appropriate boxes.

- |  |                          |
|--|--------------------------|
| 1 Epilepsy   | <input type="checkbox"/> |
| 2 Fits or blackouts  | <input type="checkbox"/> |
| 3 Repeated attacks of sudden disabling giddiness   | <input type="checkbox"/> |
| 4 Diabetes controlled by insulin   | <input type="checkbox"/> |
| 5 Diabetes controlled by tablets   | <input type="checkbox"/> |
| 6 An implanted cardiac pacemaker   | <input type="checkbox"/> |
| 7 An implanted cardiac defibrillator (ICD)   | <input type="checkbox"/> |
| 8 Angina (heart pain) <b>which is easily brought on by driving</b>   | <input type="checkbox"/> |
| 9 Persistent alcohol misuse or dependency  | <input type="checkbox"/> |
| 10 Persistent drug misuse or dependency  | <input type="checkbox"/> |
| 11 Parkinson's disease   | <input type="checkbox"/> |
| 12 Narcolepsy or sleep apnoea syndrome   | <input type="checkbox"/> |
| 13 Stroke, with any symptoms lasting longer than one month, recurrent "mini-strokes" or TIAs   | <input type="checkbox"/> |
| 14 Any type of brain surgery, severe head injury involving <b>inpatient</b> treatment, or brain tumour   | <input type="checkbox"/> |
| 15 Any other chronic neurological condition  | <input type="checkbox"/> |
| 16 A serious problem with memory or periods of confusion   | <input type="checkbox"/> |
| 17 Severe learning disability  | <input type="checkbox"/> |
| 18 Serious psychiatric illness or mental ill health  | <input type="checkbox"/> |
| 19 Total loss of sight in one eye  | <input type="checkbox"/> |
| 20 Any condition affecting <b>both</b> eyes, or the remaining eye if you only have one eye<br><b>(not including colour blindness or short or long sight)</b> | <input type="checkbox"/> |
| 21 Any condition affecting your visual field   | <input type="checkbox"/> |
| 22 Any persisting limb problem which needs driving to be restricted to certain types of vehicle or those with adapted controls                               | <input type="checkbox"/> |

If you have answered YES to one of the above questions you may be required to complete a medical questionnaire. Questionnaires are available on the DVLA website <http://www.dvla.gov.uk> to be sent in with your application.

### Part B

Only fill in this part if you have told us about a medical condition before.

What is the condition?

Has it got worse since you told us about it?.....No  Yes

Have you had any special controls fitted to your vehicle since your last licence was issued?.....No  Yes

### Document checklist

Make sure you have enclosed the following where they apply.

Tick the appropriate boxes.

The correct fee   
(See leaflet INS115 for fees and details on how to pay.)

Amount

Cheque or postal order number

Identity documents (if this applies)

Your last licence (and counterpart if this applies)

Your test pass certificate (if this applies)

**You may wish to use a secure delivery service to send your identity documents to us. Enclose a pre-paid secure envelope for us to send these back to you.**

**We no longer issue paper licences. Your new licence will be a plastic photocard, a paper counterpart will accompany it. You must produce both if the police or a court ask for them. You should also present both when taking a driving test. Other organisations such as vehicle-hire firms and insurance companies could ask to see both.**

## 8 Your signature

I understand that it is a criminal offence if I make, or anyone else makes, a false declaration to get a licence and to do so can lead to prosecution and a fine of up to £2500. I also understand it is an offence to fail to provide information which can lead to prosecution with a fine of up to £1000.

### Important

See page 11 of INF1D.

Date

**We will not accept this application unless you sign below in black ink and your signature is completely within the white box.**

• Keep your signature within the white box •

• Keep your signature within the white box •

**You must read pages 6 to 10 of the INF1D before filling in section 6 and 7. Do not fill in sections 6 and 7 or supply a new photograph if you have a photocard licence, unless you are registering a change of name, photograph or signature. UK birth/adoption certificates are not acceptable as sole proof of identity and we may ask for further evidence. We are unable to verify details on non-UK birth certificates and they cannot be accepted as proof of identity.**

## 6 Confirming your identity

**Tick the documents you are providing to prove your identity – see pages 6, 7 and 8 of INF1D for more details. Photocopies are not acceptable.**

Passport  Your UK birth or adoption certificate

EC or EEA identity card  Travel Document

Evidence of SRP (State Retirement Pension)

Also, please write the identity number of the document you are providing.

**Tick the documents you are also providing to show a clear link to your current name if different from that shown on your passport, birth certificate or adoption certificate.**

Marriage certificate  Divorce certificate

Your deed poll or statutory declaration

Also, please write the identity numbers of the documents you are providing.

## 7 Signing your photograph

If you are providing identity documents other than an up-to-date UK, EC or EEA passport, someone reliable must sign the back of your photograph. (See page 8 and 9 of INF1D for more details.)

**Warning: This person must have known you personally for at least two years, and must not be a relative or a member of the Post Office™ staff processing the application, if you choose to use the Premium Checking Service – see page 13 of INF1D for more details.**

**TO BE FILLED IN BY THE PERSON SIGNING YOUR PHOTOGRAPH.**

State how many years you have known the applicant:  years

This MUST be at least 2 years.

I have signed the back of the photograph which is a true likeness of the applicant.

Signature  Date

Full name

Business or home address

Postcode

Full daytime phone number

Profession  Qualifications

**Warning: We will make random checks on those who sign photographs for driving licence applications.**

Post Office™ date stamp

Peel here

**PLACE PHOTOGRAPH  
FACE UP**

See page 9 and 10  
of INF1D

Peel here