



**APPLICATION FOR LEARNERS DRIVERS LICENCE**

1. FULL NAME:.....
2. PLACE OF BIRTH:.....
3. DATE OF BIRTH:.....
4. HOME ADDRESS:.....
5. PRESENT ADDRESS:.....
6. CATEGORY OF VEHICLE FOR WHICH LEARNERS LICENCE REQUIRED:  
 Motor Cycle of less than 50 cc capacity,  
 Motor Cycle of more than 50 cc capacity but less than 125 cc capacity,  
 Motor Cycle of more than 125 cc,  
 Motor Vehicle,  
 Heavy Motor Vehicle,  
 Common Vehicle,

7. PARTICULARS OF ANY OTHER DRIVING LICENCE HELD.  
.....

8. HAS THE APPLICANT ALREADY BEEN REFUSED A DRIVING LICENCE?  
.....

Date of application:...../...../.....      Signature:.....

**MEDICAL CERTIFICATE**

**I, the undersign declare to the best of my knowledge that the applicant does not suffer from any illness or physical handicap which would be likely to cause public danger where he / she is in charge of a Motor Vehicle.**

Place of issue: .....

Date of issue: ...../...../.....      Signature of Medical Officer:.....

**Receipt Number**



**DEMANDE DE PERMIS DE CONDUIRE**  
**APPLICATION FOR DRIVING LICENCE**

**ROAD TRAFFIC CONTROL ACT CAP 29**

**TIN NO:**

**DL NO:**

1. Nom de Requérant  
Name of Applicant.....
2. Adresse du Requérant  
Address of Applicant.....
3. Date de Naissance  
Date of Birth.....
4. Taille  
Height.....
5. Couleur des Yeux  
Colour of Eyes.....
6. Couleur des Cheveux  
Colour of Hair.....
7. Catégorie de permis de demande  
Category of permit required  

<input type="checkbox"/>	Motocyclette de moins de 50 cc Motor Cycle less than 50cc Capacity
<input type="checkbox"/>	Motocyclette entre 50 cc et 125 cc Motor Cycle more than 50 cc but less than 125 cc
<input type="checkbox"/>	Motocyclette de 125 cc et plus Motor Cycle of more than 125 cc
<input type="checkbox"/>	Voiture de Tourisme Motor Vehicle
<input type="checkbox"/>	Poids Lourds Heavy Motor Vehicle
<input type="checkbox"/>	Véhicules de Transport en Commun Common Vehicle
8. Renseignement sur les permis extérieurs au territoire par le requérant  
Particulars of the Driving Licence.....
9. Le requérant a-t-il déjà fait l'objet d'un retrait de permis de conduire?  
Has the Applicant already been refused a driving licence?.....

**Department of Customs and Inland Revenue**

Taxpayer Services

Private Mail Bag 9012, Port Vila, Vanuatu

Telephone: (678) 33090 / 33091 or VoIP 2317

Email: [irtps@vanuatu.gov.vu](mailto:irtps@vanuatu.gov.vu)

Website: <https://customsinlandrevenue.gov.vu>



V A N U A T U

**CUSTOMS & INLAND REVENUE**

**SERVICE DE LA DOUANE ET DES  
CONTRIBUTIONS INDIRECTES**

**CERTIFICAT MEDICAL – MEDICAL CERTIFICATE**

Je soussigné déclare à ma connaissance que le requérant ne souffre d'aucune incapacité physique qui pourrait être cause d'un danger en cas de conduire d'un véhicule.

The undersign declare to the best of my knowledge that the applicant does not suffer from any illness or physical handicap which would be likely to cause public danger where he/she is in charge of a motor vehicle.

Place of issue: .....

Date of issue: ...../...../.....

Signature of Medical Officer:.....

**Receipt Number**



REPUBLIC OF VANUATU

Schedule 4, Section 44 Cap 29

**PRESCRIBED MEDICAL CERTIFICATE**

<b>Name of Applicant</b>		<b>Address of Applicant</b>			
<b>Date of Birth</b>		<b>Height</b>		<b>Color of Eye</b>	
<b>Vision Right Eye</b>		<b>Color Vision</b>			
<b>Vision Left Eye</b>		<b>Urine Albumen</b>		<b>Sugar</b>	

Please place a tick one of the boxes below.

	<b>Normal</b>	<b>Abnormal</b>
<b>Heart</b>		
<b>Lung</b>		
<b>Ears</b>		
<b>Abdomen</b>		
<b>Central Nervous System</b>		
<b>Joints</b>		

<b>Comment</b>		
		<b>Official Stamp</b>

I declare to the best of my knowledge that the applicant does not suffer from illness or physical handicap, which could result in the said person being a public danger whilst in charge of a motor vehicle.

Port-Vila,

Name of Doctor:.....

Signature:.....

Date:...../...../.....