

All Applicants (including Photo ID), must complete Sections 1, 3 & 5  
 For Driver Transactions please complete all Sections

\* If applying by mail, please select transaction type:  Driver's Licence Renewal

### Applicant Information

1	Surname	First Name	Middle Name(s)	Date of Birth
	Street/P.O. Box	City/Town	Province	Postal Code
	Licence/Master Number	Licensing Jurisdiction	Email	

### Driver Information

2	Height (cm)	Sex	Eye Colour	Former Name(s) (where applicable)											
	<p><b>Please answer the following:</b></p> <table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>1. Are you required to wear corrective lenses when driving?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Are you prohibited from driving due to a suspended or cancelled licence?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Do you have a medical condition that may impact your driving? (Please specify below)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>					Yes	No	1. Are you required to wear corrective lenses when driving?	<input type="checkbox"/>	<input type="checkbox"/>	2. Are you prohibited from driving due to a suspended or cancelled licence?	<input type="checkbox"/>	<input type="checkbox"/>	3. Do you have a medical condition that may impact your driving? (Please specify below)	<input type="checkbox"/>
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3. Do you have a medical condition that may impact your driving? (Please specify below)	<input type="checkbox"/>	<input type="checkbox"/>													

### Payment Information

3	<input type="checkbox"/> Cash (in-person only) <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque* <input type="checkbox"/> Money Order*	<i>If you are submitting this application by MAIL and paying by credit card please complete the following:</i>						
		<table border="0" style="width: 100%;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;">Credit Card Number</td> <td style="border-bottom: 1px solid black; width: 20%;">Expiry (MM/YY)</td> <td style="border-bottom: 1px solid black; width: 20%;">Fines Amount (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name on Card</td> <td colspan="2" style="border-bottom: 1px solid black;">Total Amount (\$)</td> </tr> </table>	Credit Card Number	Expiry (MM/YY)	Fines Amount (\$)	Name on Card	Total Amount (\$)	
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<small>* Must be made payable to Newfoundland Exchequer</small>								

### Applicant Declaration

4	I hereby declare that I have provided complete and correct information in this application, and that I have a valid liability insurance policy in my name (where applicable).	
	Signature of Applicant _____	Date _____
	Signature of Parent/Guardian (where applicable) _____	Date _____

<h4>Office Use Only</h4> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> New Applicant</td> <td><input type="checkbox"/> ID Card</td> <td><input type="checkbox"/> Renewal</td> <td><input type="checkbox"/> Reclass/Renew</td> <td><input type="checkbox"/> Reclassification</td> </tr> <tr> <td><input type="checkbox"/> Amended</td> <td><input type="checkbox"/> Amended (No Fee)</td> <td><input type="checkbox"/> Inactivate</td> <td><input type="checkbox"/> Replacement</td> <td><input type="checkbox"/> Road Test</td> </tr> </table> <p>Notes _____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> New Applicant	<input type="checkbox"/> ID Card	<input type="checkbox"/> Renewal	<input type="checkbox"/> Reclass/Renew	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Amended	<input type="checkbox"/> Amended (No Fee)	<input type="checkbox"/> Inactivate	<input type="checkbox"/> Replacement	<input type="checkbox"/> Road Test	<div style="border: 1px solid black; padding: 5px; min-height: 100px;">           AMT PAID:         </div>
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