

APPLICATION FORM FOR DRIVING LICENCE

REPUBLIC OF UGANDA
MINISTRY OF WORKS AND TRANSPORT
 The Traffic and Road Safety Act, 1998 (Amendment) 2020

PERSONAL DETAILS (To be filled by Applicant)

Surname:		Other Names:	
National ID(NIN)/Passport No./Refugee ID No:			
Gender:	Male:	<input type="checkbox"/>	Date of Birth:
	Female:	<input type="checkbox"/>	PRN:
Phone Number:			
Driving Licence No (Where applicable):			

Application for (Tick Appropriate box)

	1 Year	3 Year	5 Year
Full Driving Licence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licence Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Licence Exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duplicate Licence	<input type="checkbox"/>		
Class Extension	<input type="checkbox"/>		

MEDICAL EXAMINATION REPORT (To be completed by Medical Doctor)**1. Eye Examination**

a)	Visual acuity:	
b)	Funduscopy:	
c)	Colour Vision:	
d)	Visual Fields:	

2. Hearing level (Ascertain the level of hearing in the applicant's better ear, averaged at the frequencies of 500, 1000, and 2000 Hertz. Specify the level of hearing in decibels where possible)

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3. General Medical Fitness

a)	Mental Condition:	
b)	Other:	
c)	General Recommendations:	

Declaration and Certification of Medical Doctor

I declare that the information given on this applicant is true and correct and that failure to provide correct information may result in delayed processing or rejection of this application.

Surname:		Other Names:	
Practitioner's Registration number:			
Signature:		Date and Stamp:	

Declaration of Applicant

I declare that to the best of my knowledge and belief, the information given above is all true about me.

Signature:		Date:	
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