

**APPLICATION FORM FOR LEARNER 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):			

**Group of LDL Applied for (Tick Appropriate box)**

A1	<input type="checkbox"/>	A	<input type="checkbox"/>	B1	<input type="checkbox"/>	B	<input type="checkbox"/>	G	<input type="checkbox"/>		
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**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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