

# ORANGE WALK MUNICIPAL TRAFFIC AUTHORITY

## Application for the Renewal of a Driving License

Full name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Serial Number of expired permit: \_\_\_\_\_ Date of expired of permit \_\_\_\_\_

When you were last medically examined for a driving permit? \_\_\_\_\_

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Applicant over 70 years old

I certify that the physique, vision, hearing and bodily and mental fitness of \_\_\_\_\_  
\_\_\_\_\_ are such as to qualify him/her to hold a drivers' license

Date \_\_\_\_\_

Medical Officer

Please examine the applicant as to his/her fitness to hold a driving permit.

Officer: \_\_\_\_\_

Date of Renewal \_\_\_\_\_

Period: \_\_\_\_\_ year(s)



FOR OFFICIAL USE ONLY

No. of Renewal \_\_\_\_\_

Date of Expiry \_\_\_\_\_

O.D.S

Initials \_\_\_\_\_

Indexed \_\_\_\_\_

I certify that the information is accurate and delivered to the applicant.

Clerk: \_\_\_\_\_

Recipient: \_\_\_\_\_