

Orange Walk Municipal Traffic Authority
Application for a Driving Permit



Full Name of applicant

Address:

Present age and date of birth

State types of vehicles it is intended to drive (motor cycle, Public Service Vehicle, Goods Vehicle or Private)

Have you ever held a driving permit issued in Belize?

If so, state number and date and office of issue:.....

Have you ever held a driving permit issued in any other country?

If so, state which country and date of issue of permit.....

Are you at the time of the application, suspended from driving or disqualified for obtaining a driving permit?

Have you ever passed a driving test?

If so, state date and place of test.....

When were you last medically examined for a driving permit?.....

Date

.....

Signature of Applicant

Please examine applicant as to his/her
Fitness to hold a driving permit

.....

Licensing officer

Medical officer

I certify that the physique, vision, hearing, fitness
And bodily and mental fitness of

.....are such as to qualify him/her to hold a
driving permit.

Date

.....

Medical Officer

Note: please bring along 1 passport size picture, a copy of
Belizean identification; passport, social security or voters id.

OFFICIAL USE ONLY

No. of Permit _____

Serial No. _____

Class _____

DATE OF EXPIRE _____

INITIALS _____

RECEIPT NO. _____