

Driving Licence Application Form

New, Renewals, Additions, Upgrades and Amendments



Please complete the form using block capitals and black ink. Please take the completed form to the nearest Post Office for forwarding to the processing centre or post to: Isle of Man Post Office, Licensing Agent, PO Box 367, Douglas, Isle of Man, 1M99 3MA. Isle of Man Post Office Licensing Department can be contacted on 698525

Title (Mr, Mrs, Miss, Ms, Other)			50001.540000	000000000000000000000000000000000000000	35-65			
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Surname	7. 7. 4		14.1					
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Telephone number	W 118	9 84	18 IV	NEW YORK	2000	ľ		
Place of birth				46314	i i			
Date of birth	Sec. 25	8	(T					
Can you read a number plate in g lenses from 20.5 metres (67 feet) metres in case of a licence for per Have you lived in another country If Yes which country	for figures 7 Jestrian conti	9.4mm high (alled vehicle	3.1/8"), o	r from 12.3	Y	es es	No No	
Please state date when you becan	na a marietani	in the lefe of	Man			15300		
Type of licence required	Full	Provisional		plicate		ndment		
Please state reason for duplication		I I I I	-14	ancate [, Aug	4.01	\exists	
Details of new groups to be added or removed	1	1 10 100	19	1994 3	8 88	885		
Date for licence to start		1 at 1 at		Full licence 2 months	Company of the Compan	ations can noe.	be made	9
Previous licence number	18 5	2 BY 1739	92	100		97.75 70.75	97 Î	
Previous licence type	Full	Provision	sal	Manual	A	utomatic		
Previous groups entitlement		D 188	¥ ×	VIEW A		92.61	V T	
Would you like an inclusion on you Any part of my body or to For therapeutic purposes (transple For medical education or research I understand that such a statement been withdrawn and that the deta request please do so in writing to	ont will be con	e boxes for c	onsent P nce that 1 is N.H.S. On	Kidneys Pancreas Lungs Peive made s	egister.	If you wis	sh to can	
Signature	a ska amir-	na of this ex-		Date	10		No.	or mil

two to date: 327 April 2013