

LICENSE RENEWAL APPLICATION FORM

APPLICANT INFORMATION

Full Name:	John Michael Smith
License Number:	DR-LIC-2024-7845
License Type:	Professional Driver's License
Current Expiry Date:	31/12/2024
Renewal Date:	15/11/2024

CONTACT DETAILS

Address:	123 Main Street, Apt 4B, Springfield, IL 62701
Contact Number:	+1-555-0123
Email Address:	john.smith@email.com

PAYMENT INFORMATION

Payment Status:	Paid
Payment Method:	Credit Card
Transaction ID:	TXN-2024-1123-4567

ADDITIONAL NOTES

Previous Violations:	None
Medical Certificate:	Valid until 30/06/2025
Training Completed:	Yes

Applicant Signature: _____

Date: _____

Signature: John M. Smith | Date: 15/11/2024