



INTERNATIONAL DRIVER DOCUMENT APPLICATION FORM

NAME:

LAST NAME:

FULL ADDRESS:

COUNTRY OF BIRTH:

COUNTRY DRIVER LICENSE:
(FULL NUMBER)

DATE OF BIRTH:
(MM/DD/YYYY)

DRIVER LICENSE CATEGORY:
☐ A ☐ B ☐ C ☐ D ☐ E

SEX:
(M/F)

EYES:
(BLUE/DARK BROWN...)

HEIGHT:
(METERS OR FEET)

CONTACT TELEPHONE:
(PLEASE INCLUDE COUNTRY CODE IF OUTSIDE US)

E-MAIL ADDRESS:
(XXX@XXXXXX.XXX)

MAILING ADDRESS:
(DELIVERY LOCATION / NOT NECESSARY IF SAME ABOVE)

INTERNATIONAL DRIVER DOCUMENT VALIDITY:
(IN YEARS) ☐ 1 ☐ 2 ☐ 3

I PLEDGE TO FOLLOW ALL CITY, STATE, FEDERAL & INTERNATIONAL TRAFFIC REGULATIONS REQUIRED BY LAW.
I ACKNOWLEDGE THAT I MAY NOT DRIVE ANYWHERE WITHOUT A VALID DRIVER'S LICENSE. I WILL OBEY ALL OF THE
RULES AND REGULATIONS OF THE UN CONFERENCE OF ROAD TRAFFIC IN 1923, 1943, 1949 AND 1968.
I ACKNOWLEDGE THAT THIS DOCUMENT IS A DRIVER LICENSE TRANSLATION AND IS VALID ONLY WITH A DRIVER
LICENSE. I HEREBY CERTIFY THAT MY DRIVER LICENSE IS CURRENTLY VALID AND WAS NEVER SUSPENDED OR REVOKED.

PHOTO

SIGNATURE:

FOR OFFICIAL USE.