

APPLICATION FOR PERMIT

Applying For A (Check any that apply)

☐ Permit ☐ ID Card ☐ Renewal ☐ Replacement

Your Personal

Full Last Name

Full First Name

Date of birth

Day / Month / Year

Gender ☐ Male ☐ Female

Nationality

Identification Information

Driver license? ☐ Yes ☐ No
Leamer permit? ☐ Yes ☐ No
Non-driver ID Card? ☐ Yes ☐ No

The objectives will be based on how you gain sales by acquiring and keeping customers. A marketing strategy helps on making good messages with the right twist of marketing approaches in order to have a good outcome of your sales and marketing activities.

PHOTO HERE

ID card number and Details

enter the identification number it appears on the card

Date of Expiration:

Type of License:

Out-of-State License ID No:

Your Personal Details

Hight

cm / Inches

Eye color

Email Address: (optional)

Status: ☐ Single ☐ Married ☐ Divorced

Others

Contact Details

Home Phone No.

Mobile Phone No.

Fax No.

Work Phone No.

Address where you live

Unit No.

Street No.

Street

Town/City

State

Post Code

Country

Address where you get your mail

(This address will appear on your document)

Unit.no	City or Town	State	Post Code	Country
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Has your mailing address changed? ☐ Yes ☐ No

What is the change and the reason for it

Other change: (new license class, wrong date of birth, etc.)?

Social security number (SSN)*

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Putting your strategy into action is how your marketing plan should work. Marketing budgets will be set, at the same time it will also show you how you're going to work with your targets, it maybe through networking, advertising etc. Having the perfect timing with your activities to fit your customers buying cycles will help you saving money and maximizing sales. The marketing plan should be innovativ

1. Do you wear glasses or contact lenses?

☐ Yes ☐ No

2. Do you have a physical or mental condition which requires that you take medication?

☐ Yes ☐ No

3. Have you ever had a seizure, blackout , or loss of consciousness?

☐ Yes ☐ No

4. Do you have a physical condition which requires you to use special equipment in order to work?

☐ Yes ☐ No

5. Have you ever had a seizure, blackout , or loss of consciousness?

☐ Yes ☐ No

6. Have you been convicted within the past ten years in this state or elsewhere of any offense

☐ Yes ☐ No

7. Have you resulting from your operation of, or involving , a motor vehicle?

☐ Yes ☐ No

Terms & Conditions

Improvement should be measured regularly and assessed in order for you to know what's beneficial and what is not. This will help you set new targets.

Signature:

X

Date: