APPLICATION FOR A DUPLICATE DRIVING LICENCE

Please write clearly in ink and CAPITAL LETTERS

Signature

CERTIFICATE OF ENTITLEMENT

Surname		Address	Address		
First Names					
Mr. [] Mrs. [] Miss. [] Ms. []					
Date Of Birth		Tel No Home: Work:			
Place Of Birth		E-mail			
2.					
Are you disqualified by a court from holding	•				
Has your driving licence been endorsed by		·			
•		In Ireland for at least 185 days in the preceding 12 mo			
f you are a student have you been attendin east 6 months?	ig a course	e of study in Gibraltar, Gibraltar Britain or Northern In	reland to	or at	
3.					
Oo you need to wear glasses or corrective	lenses whe	en driving			
		or contact lenses) a car number plate			
	in grasses (of contact tenses) a car number place			
4.					
Have you ever had or do you at present suf	ffer from a	ny of these conditions			
	No Y	57			
	INU .	Yes	No	Y	
	NO .	A major or minor stroke	No	Y	
	140		No	Y	
Sudden attack of disabling giddiness, fainting or blackouts A pacemaker or electrical device fitted to your	100	A major or minor stroke Any type of brain surgery, brain tumour or severe head injury involving hospital inpatient treatment Any severe psychiatric illness or mental	No	Y	
Sudden attack of disabling giddiness, fainting or blackouts A pacemaker or electrical device fitted to your heart		A major or minor stroke Any type of brain surgery, brain tumour or severe head injury involving hospital inpatient treatment Any severe psychiatric illness or mental disorder Continuing / permanent difficulty in the use of	No	Y	
Sudden attack of disabling giddiness, fainting or blackouts A pacemaker or electrical device fitted to your heart Diabetes controlled by insulin		A major or minor stroke Any type of brain surgery, brain tumour or severe head injury involving hospital inpatient treatment Any severe psychiatric illness or mental disorder Continuing / permanent difficulty in the use of your arms or legs for driving Have you been dependent on, or misused alcohol, illicit	No	Y	
Sudden attack of disabling giddiness, fainting or blackouts A pacemaker or electrical device fitted to your heart Diabetes controlled by insulin Diabetes controlled by tablets		A major or minor stroke Any type of brain surgery, brain tumour or severe head injury involving hospital inpatient treatment Any severe psychiatric illness or mental disorder Continuing / permanent difficulty in the use of your arms or legs for driving Have you been dependent on, or misused alcohol, illicit drugs or chemical substances in the past three years	No	Y	
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Sudden attack of disabling giddiness, fainting or blackouts A pacemaker or electrical device fitted to your heart Diabetes controlled by insulin Diabetes controlled by tablets Parkinson's Disease Multiple sclerosis		A major or minor stroke Any type of brain surgery, brain tumour or severe head injury involving hospital inpatient treatment Any severe psychiatric illness or mental disorder Continuing / permanent difficulty in the use of your arms or legs for driving Have you been dependent on, or misused alcohol, illicit drugs or chemical substances in the past three years Do you suffer from any serious defect in hearing Any eye disease or disorder in BOTH eyes other than needing glasses or contact lenses	No	Y	
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P.T.O

Date

DRIVER & VEHICLE LICENSING DEPARTMENT GIBRALTAR

In order for us to provide you with the new photo-card format driving licence it is necessary for you to supply two photographs and your signature in addition to the application form. These images will subsequently be scanned and engraved on your licence.

Please sign in the designated box at the bottom, in order to process your application.

Please see guidance notes for the driving licence photograph on the separate form supplied.

Please note that driving licence photographs are a vital part of your application. If the photographs you supply are not suitable the issue of your driving licence may be delayed.

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