

TRAFFIC (LICENSING AND REGISTRATION) REGULATIONS**RESULT OF MEDICAL EXAMINATION**

(Name) I _____

(Address) of _____

a medical practitioner registered in Gibraltar certify that on
the _____ day of _____ 20____
(Name) I examined _____

of _____ who:

Please **tick** ✓ the appropriate **box** or **boxes**

- (a) is of the age of 70 years or more; ☐
- (b) wishes to drive vehicles in any of categories C TO J; ☐
- (c) wishes to drive public service vehicles; ☐
- (d) was required by the Licensing Authority to submit himself for examination. ☐

To ascertain whether his standard of fitness meets all the Requirements of Schedule 4A to the Traffic (Licensing and Registration) Regulations and found him/her to be physically And mentally fit to drive a motor vehicle.

Fit/unfit to drive a motor vehicle.

Dated this _____ day of _____ 20____

Signature
of Practitioner _____

Practice Stamp

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 ID card sized 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 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.

Name.....

Contact number

Signature

(Please sign in black ink and
keep within box.)



FOR OFFICIAL USE ONLY
(ID card sized Photograph only)

