

THE INDEPENDENT STATE OF PAPUA NEW GUINEA

DEPARTMENT OF TRANSPORT

Motor Traffic Act 1950

**APPLICATION FOR PERMIT AS CREW MEMBER OF A PUBLIC
MOTOR VEHICLE**

Surname or Father's Name:

Given Name:

Height (cm):

Postal Address:

Residential Address:

Date of Birth:

Place of Birth:

Town or Village:

Province or Country:

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I, the abovenamed, do hereby declare that to the best of my knowledge and belief the above details are correct.

Signed:

Date: