

**THE INDEPENDENT STATE OF PAPUA NEW GUINEA**  
**Motor Traffic Act 1950**

**APPLICATION FOR PERMIT TO DRIVE A PUBLIC MOTOR VEHICLE**

Surname or Father's Name: .....

Given Name: .....

Height (cm): .....

Postal Address: .....

Residential Address: .....

Date of Birth: .....

Place of Birth: .....

Province of Country: .....

		DETAILS
Do you hold a current Class 2,3,4 Or 6 Driving License? Give Number: .....	YES/NO	
Have you ever been refused a P.M.V Permit?	YES/NO	
Has your License ever been cancelled or suspended?	YES/NO	
Have you ever been convicted of driving under the influence of intoxicating liquor or driving under the influence of drug?	YES/NO	
Have you ever been convicted of any Traffic Offence for other than parking?		

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

Signed: .....

Date : .....