



GOVERNMENT OF ANGUILLA

INLAND REVENUE DEPARTMENT



DRIVER'S LICENCE APPLICATION FOR RENEWAL OF DRIVER'S LICENCE

FIRST SCHEDULE FORM 8 FORM OF PARTICULARS TO BE GIVEN BY APPLICANT FOR RENEWAL OF DRIVER'S LICENCE

The Vehicles and Road Traffic Ordinances – Anguilla
To be completed by applicant

1. Full name (First, Middle, Last)	
2. Date of birth	
3. Physical address	
4. Postal address (P. O. Box #)	
5. Telephone #	
6. Email address	
7. Gender	
8. Driver's Licence Number	
9. State the particulars on the licence you hold: a) Date of Issue b) Date of Expiry c) Class Type d) Height e) Blood type	
10. If applying for a chauffeur's Licence, state name and address of employer	
11. If requesting change of class type, please specify class and reason for change.	
12. Period for which licence is required	1 year <input type="checkbox"/> 3 years <input type="checkbox"/>

I certify that the information on this form is correct and complete. I also acknowledge and understand that the renewal of my Driver's Licence prior to the expiration date will result in the loss of the time remaining on the licence.

Signature of Applicant _____ **Date of Application** _____

OFFICIAL USE ONLY:

Received by:

Name (print): _____ Signature: _____ Date: _____

Captured by:

Name (print): _____ Signature: _____ Date: _____

Document Number _____

Verified by:

Name (print): _____ Signature: _____ Date: _____

