



**Turks & Caicos Islands Government
Department of Motor Vehicles**

**APPLICATION FOR THE GRANT OF A LICENSE PLATE
FOR A PUBLIC SERVICE VEHICLE
(Under Section 10 of the Road Safety Ordinance)**

NOTE: Please check (✓) the category of public service vehicle License plate that you are applying for below.

- | | |
|--|--|
| <input type="checkbox"/> Taxi | <input type="checkbox"/> Private Hire (Transfer) |
| <input type="checkbox"/> Minibus | <input type="checkbox"/> Private Hire (Reserved) |
| <input type="checkbox"/> Omnibus | <input type="checkbox"/> Private Charter |
| <input type="checkbox"/> Community Cab | |

All sections **must** be completed or your application will not be processed.

- First time application
 Renewal application

If an application for renewal, state date of expiry of current license __/__/__

1. Your personal details	
Title	Mr. Mrs. Miss. Ms. Other (please state)
Surname	
All Forenames	
Any Previous Names	

Date Of Birth	____/____/____ Day Month Year	Place Of Birth	
Nationality		Nat. In. No.	
Address and Post Code			
Email Address			
Telephone No.		Mobile No.	
Current Occupation			
Name and Address of Current Employer			
Name and address of Previous Employer			
Driver's License No.			
Date Granted:	____/____/____	Date Expired	____/____/____
Height__ft__Inch	Weight__lbs	Eye Colour _____	Hair Colour _____
Business License Number			
	State type of vehicle and seating capacity _____		
2. Your Driver's License			
How long have you held a driving license that permits you to drive a public service vehicle designed to carry 7 or more passengers? (must be at least 12 months)			

Have you had any driving offences during the last three years? If 'YES' please complete box below			YES/NO
OFFENCE	DATE	COURT/POLICE FORCE	SENTENCE

3. Your Vehicle			
Do you own a vehicle?			Yes / No
Make of vehicle		Model	
Vehicle Identification No. (VIN)			
Year		Cylinder	
Vehicle License NO.		Vehicle License expiration date	
Seating Capacity			
Insurance No.			
Insurance Valid From			
Insurance Expiration Date			

4. Character Details			
Have you ever been arrested, charged, convicted, investigated, or wanted for questioning			YES / NO
If yes please provide details, including approximate date, of the offence and the court or police force which dealt with you.			
OFFENCE	DATE OF CONVICTION (If relevant)	COURT	SENTENCE

All offences **spent or unspent** must be declared when submitting an application for a license to drive in any of the categories related above. Please continue on a separate sheet if necessary.

The information provided will be used only for the processing of your application and for no other purpose.

5. Impending Prosecutions			
Do you have any impending prosecutions?			YES/NO
If yes provide details below			
OFFENCE	PROSECUTING AUTHORITY	PLEA (GUILTY OR NOT GUILTY)	COURT HEARING DATE(IF ANY)

The information provided will be used only for the processing of your application and for no other purpose.

6. Have you previously held a Public Service Vehicle License? If yes please give details		YES/NO
DATE	COMMENTS	

7. Have you ever had a Public Service Operators License or License suspended or revoked.	YES/NO
DATE	REASON(S)

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8. References

Please give the name and address of two referees to who reference can be made as to your character and suitability for a license. Referees should have known you for three years and may include your present or last employer or should be a person of some standing within the community and be a person other than a relative or future employer.

Reference 1: Name

Address and Postcode:

Email Address:

Capacity known to you:

Reference 2: Name

Address and Postcode:

Email Address:

Capacity known to you:

9. Declaration

I declare that I am not disqualified from driving a motor vehicle by order of any Court in the Turks and Caicos and I am not under the age of twenty-one (21) years nor above the age of seventy-five (75) years.

I been given a copy of the driver's license conditions and have read and understood them or have had them read to me and understand them.

- I declare that I do not suffer from any physical or mental disability likely to prevent me from driving in a safe and proper manner.
- I declare that I suffer from disability on the attached sheet but I apply for the public service vehicle operator's license subject to each condition (if any) as the Director considers appropriate.

Defect of vision need not to be a disability for the purpose of this declaration if corrected by glasses which are worn at all times when driving.

In the event of a license being granted I undertake to observe and abide by the conditions applicable to the license at all times.

I understand that my license application will be valid for only three months from the date the licensing office receives my deposit payment. I understand that if my application is not completed within three months my paperwork may be destroyed, after this I will be treated as a new applicant and my deposit will not be refunded.

I also confirm that the signature authorizes the Department of Road Safety and Transportation to check all relevant Government agencies to verify details provided in this application.

UNDERTAKING

I undertake to use the license in respect of which application is made only in providing the public service specified in the license, if granted.

It is an offense for any person knowingly or recklessly to make a false statement or omit any material particular in giving information required in this form.

Information disclosed on this form may be revealed to other agencies and bodies for the sole purpose of preventing or detecting crimes. **(Sign below only if you agree to this).**

Signature:

Date:

The Department of Motor Vehicles is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and declaration of crime.

Please attach to this application form when submitted:

- a. Two passport-sized photographs of applicant;
- b. A recent police record; and
- c. Proof of Islander status

FOR OFFICAL USE ONLY

Applying for:	
Private Hire Only	
Taxi	
Mini Bus	
Omni Bus	
Community Cab	
Private Transfer (Reserved)	
Private Hire Resort	
Private Charter	

Documents/Training Record	Date	Copy Attached
Entitlement to Work		
Driving License Class		
Public Service Operator License Number		
Other-		

Referred to Committee	YES/NO
References Required	
References Received	
Date of Committee	
Decision	