



**MINISTRY OF HOME AFFAIRS  
DEPARTMENT OF MOTOR VEHICLES  
TURKS AND CAICOS ISLANDS**

**SCHEDULE 1  
(regulation 3)**

**(PUBLIC SERVICE VEHICLES)  
REGULATIONS 1999**

**APPLICATION FOR LICENCE TO OPERATE A PUBLIC SERVICE VEHICLE  
UNDER SECTION 9 OF THE ROAD TRAFFIC ORDINANCE 1998**

Renewal ( )

First Time( )

If an application for renewal, state date of expiry of current licence...../...../.....

Class of public service in respect of which licence is being applied for:

( ) Community Cab ( ) Mini- Bus ( ) Taxi-cab ( ) Omni bus ( ) VIP ( ) Private Charter

Surname of applicant .....

First name of applicant .....

Middle name(s) of applicant .....

Date of Birth ...../...../..... Place of Birth .....

Nationality .....Citizenship .....

Address .....

Phone No. ....

Current occupation (If none, say so) .....

Name and address of current employer, (if any) .....

Name and address of last employer, (if any) .....

Name and address of one character reference .....

No. of Turks and Caicos Islands Driving Licence  
.....

Date granted ...../...../..... Expiry date .../...../.....

Class(es) of vehicles licensed to drive .....

Height ..... ft ..... ins ..... Weight .....lbs

Colour of eyes  
.....

Colour of hair  
.....

Have you in the past FIVE (5) years been convicted of any criminal offence?  
YES ( ) NO ( ) (Please check)

If yes, set out particulars in full: Offence .....Sentence .....

Date of offence ...../...../.....

For whom do you intend to operate a public service vehicle (if for applicant, say so)

.....

Address of prospective employer, if not applicant .....

Please attach to this application form when submitted:

- (a) two passport- sized photographs of applicant;
- (b) a description of the vehicle (if any) the applicant proposes to use for the carriage of passengers for hire or reward;
- (c) a recent police record; and
- (d) proof of Belonger status

**UNDERTAKING:**

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

**DECLARATIONS:**

I declare that I am not disqualified from driving a motor vehicle by order of any Court in the Islands and am not under the age of twenty-one (21) years nor above the age of seventy (76) years.

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.

*OR*

I declare that I suffer from the disability on the attached sheet but I apply for the public service vehicle operator's licence subject to each condition (if any) as the Director considers appropriate. *(Delete whichever is inapplicable)*

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

I declare that to the best of my knowledge and belief the particulars given in this form are true and correct.

*N. B.:* It is an offence to give particulars which are not correct and which you know are not correct or do not reasonably believe to be correct.

Signature of applicant ..... Date .....

**THIS PART TO BE FILLED IN BY DIRECTOR OF MOTOR VEHICLES**

Licence granted ( )                      Licence not granted ( )

State special condition (if any) of licence:.....

.....  
Signature of Director of Motor Vehicles