

OFFICE USE ONLY	Receipt no:	Date received: / /	Driver License No:
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DL 01



# DRIVER LICENCE APPLICATION FORM

## MINISTRY OF POLICE, PRISONS & CORRECTIONS

**Tick the appropriate box and fill the related Section stated below :**

**NEW LICENCE:** ☐ Section ABCDH **CONVERT:** ☐ Section ABEH  
**RENEW:** ☐ Section ABH **REPLACE:** ☐ Section ABFH  
**LEARNER TO FULL:** ☐ Section ABH **RE-TEST:** ☐ Section ABGH  
**ADDITIONAL LICENCE CLASS:** ☐ Section ABH

### Section A Personal Details

**A1** Family name   
**A2** Given Name(s)   
**A3** Other names you are known by or have ever been known by   
**A4** Gender ☐ Male ☐ Female Height  cm Weight  kg Colour of eyes  **A5** DOB   
**A6** Your address  
 Home   
 Phone   
 Email   
**A7** Occupation   
**A8** Place of Birth (city, town or village, state or province, country)   
**A9** Nationality   
**A10** Passport Details  Country   
 Number   
 Expiry Date   
**A11** Birth Certificate Number

### Section B Licence Class and Type (Tick boxes as required)

**B1** Type of License you are applying for? **B2** Are you applying from a Learner to a Full Licence? ☐ No ☐ Yes  
**Temporary Driver's Permit** ☐ **B3** Are you applying for an additional License class? ☐ No ☐ Yes  
**Class A** ☐ **Class B** ☐ Learner ☐ Full **Class C** ☐ Commercial **Class D** ☐ Commercial **Class E** ☐ Learner ☐ Full **Class F** ☐ Commercial **Class G** ☐ Commercial **Class H** ☐ Commercial  
**Class A** motor cycle  
**Class B** Light private vehicle < 3tons tare weight  
**Class C** Light Public Service Vehicle < 3tons tare weight  
**Class D** Heavy Public Service Vehicle (Bus) 1 to 8tons tares weight  
**Class E** Light Goods Vehicles (e.g. 4WD pickup,) < 3tons tare weight  
**Class F** Heavy Goods Vehicles > 3tons tare weight & ≤ 25tons tare weight  
**Class G** Motor Tractor  
**Class H** Other Motor Vehicles (e.g-Excavators, etc..)

### Important

Information about Learner, Full and Commercial Licence types can be found on the Samoa National Road Code.

## Section C Medical Declaration

**C1** Do you have a medical condition that could affect your ability to drive safely? ☐ No ☐ Yes

**Examples of medical conditions that could affect your ability to drive safely include;**

\*alzheimers \*head or spinal injuries \*amputations \*convulsions \*diabetes \*high blood pressure \*stroke \*epilepsy or fits

**You must provide a medical certificate if you;**

*Medical Certificate must be issued by a registered health practitioner and must not be more than three months old.*

- ☐ are turning 65 years of age or older, or
- ☐ are applying for or renewing a Commercial License
- ☐ have a medical condition that has affected your ability to drive safely in the last five years.

## Section D Eyesight

**D1** Do you wear glasses or contact lenses for driving? ☐ No ☐ Yes

## Section E Overseas Drivers License Details: What are your overseas driver license details? (complete this section if you are applying to convert your overseas license to a Samoan Driver License)

*You must provide your overseas license. We cannot convert your license if it is a learner, restricted or provisional. Do bring an original translation of your license if your overseas license is not in English.*

<b>E1</b> Name of Issuing of issuing state/country?	<input type="text"/>		
<b>E2</b> License Number	<input type="text"/>		
<b>E3</b> Issued date	<input type="text"/>	<b>E4</b> Expiry date	<input type="text"/>
<b>E5</b> License Type	<input type="text"/>		
<b>E6</b> Conditions	<input type="text"/>		

## Section F Driver License Replacement (complete if you are applying to replace your driver license)

**F1** Why are you replacing your Driver License? ☐ lost ☐ stolen ☐ destroyed ☐ name change ☐ Other state below

## Section G RETEST (complete this section if you are applying for a retest)

**G1** What test do you require? ☐ re-testing ☐ Theory ☐ Practical **G2** How many attempts did you take?

**G3** When was the last time you sat your test?

## Section H Declaration

I declare I have provided true and correct answers to the questions in this form. I further declare that the medical fitness information provided above is true and accurate.

Signature of applicant

Date

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- |   |   |
|---|---|
| <input type="checkbox"/> Valid Passport/Government ID                 | <input type="checkbox"/> Fit without lenses/glasses               |
| <input type="checkbox"/> Birth Certificate/ 2 passport size photos    | <input type="checkbox"/> Unfit                                    |
| <input type="checkbox"/> Medical Certificate attached                 | <input type="checkbox"/> Police Clearance                         |
| <input type="checkbox"/> Eyetest Certificate attached (When required) | <input type="checkbox"/> Logged & Entered                         |
| <input type="checkbox"/> Fit with lenses/glasses                      | <input type="checkbox"/> Title certificate or confirmation letter |

Stamp and Initial

Fee paid WST

Date Paid

☐ Checked (application is complete)

Officer Name and Rank

OIC Name and Rank

Officer Signature

OIC Signature