GOVERNMENT OF BERMUDA
Ministry of Tourism and Transport
Transport Control Department

SHARE

THE MOTOR CAR ACT 1952

APPLICATION FOR A DRIVER'S LICENCE OR LEARNER'S PERMIT

SECTION A – PARTICULARS OF APPLICANT

Notes for Guidance

1. If handwritten, the form must be completed in BLOCK CAPITALS.
2. Acceptable proof of identity and age (e.g., birth certificate or passport) must be presented with this application.
3. The applicant's residential address in Bermuda must be given. A P.O. Box number or business address is NOT acceptable. The correct Land Valuation Assessment Number must be shown. This can be obtained from the Bermuda Land Valuation website http://www.landvaluation.bm or at the information desk.
4. Visitors can apply for a Bermuda Driver's Licence providing they have been resident in Bermuda for 30 days, or can prove they will reside in Bermuda for 30 days; A person who owns and maintains a dwelling in Bermuda, or is a guest worker, is not deemed to be a visitor.
5. Driving tests are by appointment only, and must be confirmed by 12 noon on the previous working day or will be subject to cancellation. (Telephone: 292-2255 or 292-1271). All tests are carried out by the Examinations Section of the Transport Control Department.
6. Persons aged between 65–74 years require a medical and competency certificate every fifth year; Persons aged 75 years or over require a bi-annual medical and competency certificate.
7. Weight must be entered according to you weight class.

Weight Class	Pounds	KG
0	Up to 70	Up to 31
1	71 – 100	32 – 45
2	101 – 130	46 – 59
3	131 – 160	60 – 72
4	161 – 190	73 – 86
5	191 – 220	87 – 100
6	220 – 250	101 – 113
7	251 – 280	114 – 127
8	281 – 320	128 –145
9	321 +	146 +

Surname

Forename(s)

Male ☐ Female ☐ Date of Birth Day | Month | Year

Organ Donor: Yes ☐ No ☐ | Height (in) | Eye Color

Bermudian: Yes ☐ No ☐

If NO, please state nationality: | Weight Class (see Notes 7)

Assessment # | | | | | | | | | | | |

Bermuda Address

Parish Post Code

Home Telephone #

Work Telephone #

Email

Are you a visitor to Bermuda? If YES, please give details of last arrival _____/_____/_____ and

Anticipated departure date _____/_____/_____

Has any driver's license ever been issued to you? If Yes, by what authority?

Have you ever had a driver's license endorsed, cancelled or suspended, or have you ever been disqualified (otherwise than by reason of age, disease, or physical disability) from obtaining a driver's license? If YES, state full particulars:

SECTION B – LICENCE AND VEHICLE TYPES

Type of licence applied for initial ☐ renewal ☐ learner's permit ☐

Class(es) of vehicle for which licence required:

☐ 1. Private Car ☐ 2. Motorcycle ☐ 2a. Auxiliary Cycle ☐ 3. Light Truck & Private Car
☐ 4. Intermediate, Light Truck & Private Car ☐ 5. Tractor ☐ 6. Construction Vehicle ☐ 7. Ambulance
☐ 8. Fire Engine ☐ SR. Service Repair Vehicle

Signature of Applicant:_____ Date: _____/_____/_____

SECTION C – DECLARATION AS TO PHYSICAL FITNESS OF APPLICANT

1. Have you ever suffered from or been treated for (please indicate so):

No	Yes		No	Yes	
☐	☐	Alcoholism	☐	☐	Heart disorder
☐	☐	Faintness or dizziness	☐	☐	Paralysis/stroke
☐	☐	Diabetes	☐	☐	Glaucoma, cataracts, or other eye disease
☐	☐	Epilepsy	☐	☐	Mental disorder
☐	☐	Frequent headache			

2. Have you lost either hand or foot or are you suffering from any defect in movement, control or muscular power in either arm or leg? If Yes, state particulars:

I declare and affirm that the particulars given in this application is to the best of my knowledge, true and correct. I am aware that it is an offence to use a motor vehicle on a highway unless there is in force a policy of insurance against third party risks concerning the use by that person of that vehicle.

Date _____ Signature of applicant _____

CERTIFICATE OF PHYSICAL FITNESS

I hereby declare that I HAVE THIS DAY EXAMINED (PRINT NAME) _____ the applicant for a driver's licence described in Section A of the foregoing application and have perused the applicant's declaration in Section C thereof: as a result of the examination I submit the following report. (If answer is "yes", in the space provided for special remarks please state whether the disease or disability is likely to cause the motor vehicle by the applicant to be a source of danger to the public?)

Does the applicant:

No	Yes	
☐	☐	show any signs of organic disease of the heart?
☐	☐	show any signs of alcoholism?
☐	☐	show any signs of subnormal vision without correctors
☐	☐	show any signs of subnormal vision with correctors
☐	☐	show any signs of night or colour blindness?
☐	☐	show any signs of subnormal hearing without hearing aid?
☐	☐	show any signs of subnormal hearing with hearing aid?
☐	☐	have a history or symptoms of fits, convulsions of epilepsy? If yes, it would be appreciated if the doctor would retain the application form and send it to the director of the T.C.D. (The application may be considered by the medical reference committee under the Motor Car Act, 1951)
☐	☐	have any condition that might constitute an emergency, diabetes, faintness, dizziness?
☐	☐	show any signs of any other disability or disease (whether physical or mental) liable to affect his ability to control or co-ordinate muscular activity?

Any special remarks _____

_____

_____

I declare that to the best of my information and belief the foregoing answers, particulars and opinions are true.

_____ _____

Practitioner's name (print or stamp) Signature of medical practitioner in Bermuda

Date _____ 20 _____

This Medical Certificate is valid for 3 months only.