

Form UCDDP1

REPUBLIC OF UGANDA

Ministry of Works and Transport

The Traffic and Road Safety Act, 1998



APPLICATION FORM FOR DRIVING PERMIT

To avoid delay each of these questions must be answered (in ink) every time a permit is applied for and the application must be presented to the licence officer together with fee and current permit (if available)

PERSONAL DETAIL OF APPLICANT

File No - DP -

Surname

Other Names Date of Birth

Gender Male Female Permit Number (If available)

APPLICATION FOR: (Please select the application box)

New Driving Permit	<input type="checkbox"/>	Renewal of Driving Permit	<input type="checkbox"/>	Extension of Driving Permit	<input type="checkbox"/>	Foreign Exchange	<input type="checkbox"/>	Duplicate Driving Permit	<input type="checkbox"/>
Learner Permit	<input type="checkbox"/>	Book Test	<input type="checkbox"/>	Conversion	<input type="checkbox"/>				

PHYSICAL EXAMINATION OF APPLICANT (To be completed by Medical Practitioner)

DRIVER RESTRICTIONS

0

None:

01

Corrective Lenses:

996

Prosthesis

MEDICAL PRACTITIONER'S REMARKS

MEDICAL PRACTITIONER'S DETAILS

Surname

Name

Date of Examination

Y	Y	Y	Y	M	M	D	D
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Medical Practitioner

Signature of Applicant

Telephone No.