



Driver's Registration Form

First Name: _____ Last Name: _____

Date of Birth: ____/____/____

Phone Contacts: 1. _____ 2. _____
State at least one current contact number

Uniform Shirt Size: _____

Do you have a Solomon Islands Driver's License? Yes/No

If yes, please state the following:

Issue Date: ____/____/____

Expiry Date: ____/____/____

Driving Class Category (*circle all that apply*)

- A – Motor Cycle
- B – Motor Tractor
- C – Private Motor Car
- D – Light Goods Vehicle
- F – Light Public Service Vehicle (buses up to 12 seats or taxi)
- H – Heavy Public Service Vehicle (buses; more than 26 seats)
- I – Invalid Carriages

Do you have a current G- Permit License? Yes/No

If Yes, please indicate Expiry Date: ____/____/____

Driving Experience (*circle one of the following options that apply*)

Less < 6 months 6 months - 1 Year 1- 3 years 3 + years

Availability (*Please indicate days that applicant will be available to drive on. You can circle more than one day*).

| | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|
| Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|-----|-----|-----|-----|-----|-----|-----|

Language(s) Spoken?

Please circle each language that applicant is apply to communicate in fluently:

- English
- Solomon Islands Pidgin
- French
- Other (please specify): _____

Residence/Location in Honiara: _____

Have you been convicted of a crime?

(This will not necessarily disqualify you if your answer is yes).

I verify all the information given above is true to the best of my knowledge

Sign: _____

OFFICE USE ONLY

Check by: _____

Sign: _____

Date: ____/____/____

