



THE INDEPENDENT STATE OF PAPUA NEW GUINEA

MOTOR TRAFFIC REGISTRY SERVICES PTY LTD
Division of Motor Vehicle Insurance Corporation

Motor Traffic Act as amended to date

Application for Permit for The Purpose of Learning to
Drive a Motor Vehicle Class

Name:

Postal Address:

Residential Address:

Descriptions:

Age:Height:cm

Eye:Hair:Complexion:

**Hereby apply for a permit for the purpose of learning to drive a
Motor Vehicle Class.....within Papua New Guinea, and enclose
the sum of K....., being the fee.**

Details of Current Driving Licence.

Class of Licence: **Licence Number:**

Expired date: **Place of issue:**

Official receipt number:

Signature:

Date:

Witness:

Address: