

DL1

It is important that you read the accompanying leaflet **Applying for a driving licence** before completing this form. Please use upper case letters and black ink. (select options with a)

General advice relating to the completion of this application form can be obtained by calling 01624 698525

Section 1 - Your details

What is the number of your Isle of Man driving licence?
(if you know what it is)

| | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|

Title Mr Mrs Miss Ms Other (please specify)

Surname

First Name

Middle name(s)

Address line 1

Address line 2

Address line 3

Post Code

D.O.B and Place of Birth

UK & NI Rep. of Ireland Guernsey Jersey IOM Other (please specify)

Telephone number

email address

@

Section 2 - What licence are you applying for?

(select all options that apply with a cross)

- Provisional Upgrade from provisional to full Renew Update my photograph
 Change my name or address Duplicate Add category International Driving Permit

Exchange non IOM driving licence* For exchange licences please state in which country you passed your driving test.

Remove Endorsement DVLA Check Code (only applicable for UK Exchanges)

*There are different requirements depending on the issuing authority of your driving licence. For UK licence exchange please see page 4 of the Guide to applying for a Driving Licence. – if unsure please phone 01624 686827

Section 3 - Your health

Please confirm if you have been advised by a Doctor or Consultant that you have a disability or medical condition that may affect your fitness to drive. You must tick YES even if you have previously declared it. Yes* No

*If you select Yes, then you **must** complete and include a **Supplementary Medical Information** form MI1 with your application. Forms can be downloaded from www.Gov.im or collected from the Vehicle Test Centre, Tromode, Douglas, Isle of Man

Are you able, with or without the aid of corrective lenses in good daylight, to read a number plate with character sizes 79 x 57 mm from a distance of 20.5m; or from 12.3m in the case of a licence application for a pedestrian controlled vehicle or mowing machine? Yes No

Do you wear glasses, contact lenses or other corrective lenses for driving? Yes No

Section 4 - Organ donation

As of 1st February 2022 we no longer retain Organ Donation information.

If you wish to register your details you can directly at: www.organdonation.nhs.uk or Telephone: 0300 123 2323

Section 5 - To be completed by the person endorsing your photograph

Full name

Address

Telephone Number

Profession / Occupation

The photograph that I have endorsed with "I certify that this is a true likeness of (insert name of applicant) and signed is a person whom I have known for at least 2 years and I agree to any checks being made in relation to this application.

Signature

Date

Section 6 - Checklist

The required fee and supporting documentation depends on your application: please refer to the driving licence application guide and price guide for more information.

(select all that apply with a cross)

- | | | | | |
|--|---|--|-----------------------------------|---|
| <input type="checkbox"/> Your photograph | <input type="checkbox"/> Current passport | <input type="checkbox"/> Current driving licence | <input type="checkbox"/> MiCard | <input type="checkbox"/> MI1 form |
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Adoption certificate | <input type="checkbox"/> Current proof of age card | <input type="checkbox"/> NHS card | <input type="checkbox"/> Marriage certificate |
| <input type="checkbox"/> Civil partnership certificate | <input type="checkbox"/> Deed poll or statutory declaration | <input type="checkbox"/> Decree nisi or absolute | | |

Section 7 - Payment

Fee £ Method of payment Cash (do not send by post) Cheque or Postal Order* Credit/debit card

*If you are submitting your application to a Post Office, please make payable to IOM Post Office; if submitting to the licensing centre, please make payable to IOM Government

Section 8 – Your statement

By signing this application form I confirm that:

- the information I have given in this application is, to the best of my knowledge, true and correct.
- I reside in the Isle of Man.
- I am not disqualified from driving by order of any court.

It is a criminal offence to:

- Make a false statements in connection with licences under the Road Traffic Act 1985. The penalty for contravention is up to 3 months imprisonment or a fine of up to £2,500 or both. *Road Traffic Act 1985 49 (1)*
- obtain a driving licence whilst disqualified from driving. The penalty for contravention is a fine of up to £2,500. *Road Traffic Act 1985 Sch 3 18 (a)*
- fail to notify the onset of a disability. The penalty for contravention is a fine of up to £1,000. *Road Traffic Act 1985 Sch 3 5A(3)*

OFFICE USE ONLY

I.D. _____

Medical Fee: £____ - ____

Type: _____

Issuing Officer & Signature: _____

The Department of Infrastructure is a controller under current Data Protection Legislation. We will hold the personal information provided for the purpose of answering your enquiry, customer services or other statutory or legal obligations. Further details can be found <https://www.gov.im/about-the-government/departments/infrastructure/data-protection>; it provides more information about the way in which we use, share and store your personal information, and what your rights are. You can also contact our Data Protection Officer by emailing DPO-DOI@gov.im or ringing 686785

Date

Signature

(please keep your signature within the box)

PLEASE FIX PHOTO HERE

Your application will not be accepted unless it is signed and dated.