2.1.4

APPLICATION FOR OPERATOR’S LICENCE

Class of Licence (Circle one)
Class 7 (Learner’s)  Class 6 (Motorcycle)  Class 5  Class 4  Class 3  Class 2  Class 1

Endorsement (Circle applicable)  Q - Airbrakes  S - School Bus  A - Contacts/Glasses

FAMILY NAME:  FIRST NAME:  MIDDLE NAME:

STREET NAME:  P.O. BOX #:  BLDG/APT #:  TELEPHONE #:

CITY/TOWN:  HOME: (867)  WORK: (867) -

POSTAL CODE:  EYE COLOUR (Circle one)  BLK  BRO  HAZ  GRN  BLU

DATE OF BIRTH  EYE COLOUR (Circle one)  BLK  BRO  GRY  RED  BLD  WHI  BAL

DD:  MM:  YYYY:  HAIR COLOUR (Circle one)

SEX (Circle one)  MALE  FEMALE

WEIGHT:  lbs:

HEIGHT:  ft:  in:

PHYSICAL DISABILITY (If any give details, if none write "none")

HAVE YOU EVER HAD A DRIVER’S LICENCE? (Circle one) YES / NO

HAVE YOU EVER HAD YOUR DRIVER’S LICENCE SUSPENDED? (Circle one) YES / NO (If yes, give details)

HAVE YOU EVER SUFFERED FROM - Mental disability, Epilepsy, Stroke, Fits, Fainting spells, Convulsions or illness affecting the eye. (If any give details, if none write "none")

IF YOU CURRENTLY HOLD A LICENCE / HAD A PREVIOUS LICENCE - Attach the latest one

Licence Number  Province/Territory/State/Country  Expiry Date

I hereby certify that the information given in this application is true and correct to the best of my knowledge, belief and ability, and allow any physician to disclose any medical information required.

____________________________________   DATE OF APPLICATION: ____/____/____

SIGNATURE OF APPLICANT

____________________________________   _________   TEST DATE: ____/____/____

SIGNATURE OF R.C.M.P. OFFICER  RANK

IF YOU DID A DRIVER EXAMINATION WITH AN R.C.M.P. (EX-OFFICIO) DRIVER EXAMINER: Restricted to Nunavut: YES or NO

FAILED / PASSED - Written/Verbal  FAILED / PASSED - Signs  FAILED / PASSED - Road Test  FAILED / PASSED - Vision  GN-INTERIM RECEIPT #

iane: ____/____/____  20__

SIGNATURE OF R.C.M.P. OFFICER

Kitikmeot Region-Headquarters: Motor Vehicles Division
Government of Nunavut
P.O. Box 10
Gjoa Haven, NU X0B 1J0
(867) 360-4616  (867) 360-4619

Kivalliq Region: Motor Vehicles Division
Government of Nunavut
P.O. Bag 2
Rankin Inlet, NU X0C 0G0
(867) 645-8466  (867) 645-8467

Qikiqtaaluk Region: Motor Vehicles Division
Government of Nunavut
P.O. Bag 1000 Station 1575
Iqaluit, NU X0A 0H0
(867) 975-7840  (867) 975-7820