

1 Applicant's Information (Please print)

Surname		First Name		Initial(s)		Date of Birth		
Street/P.O. Box			City/Town			Province		Postal Code
Licence/Master Number		Licensing Jurisdiction		Email		Telephone		
Height (cm)	Sex	Eye Colour		Former Name(s) (where applicable)				
I am applying for a:								
<input type="checkbox"/> New Photo ID		<input type="checkbox"/> Replacement Photo ID		<input type="checkbox"/> New/upgraded Driver's Licence				
<input type="checkbox"/> Replacement Driver's Licence		<input type="checkbox"/> Renew Driver's Licence		<input type="checkbox"/> I want to retire from driving (no fee required)				
License Class								
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 4 (Taxi Only)	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 8	

2 Driver Information

Please answer the following:	Yes	No
1. Are you required to wear corrective lenses when driving?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you prohibited from driving due to a suspended or cancelled licence?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a medical condition that may impact your driving? (Please specify below)	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you applying to become a taxi driver (Class 4 - Taxi only)?	<input type="checkbox"/>	<input type="checkbox"/>
5. I have included my Medical Examination Report (Must be completed by a doctor - not required for Class 5, 6 or 8)	<input type="checkbox"/>	<input type="checkbox"/>

3 Payment Information

<input type="checkbox"/> Cash (in-person only) <input type="checkbox"/> Credit Card (mail or in-person only) <input type="checkbox"/> Cheque* <input type="checkbox"/> Money Order*	If you are submitting this application by MAIL and paying by credit card please complete the following: <table style="width:100%; border: none;"> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Credit Card Number</td> <td style="border: none;">Expiry (MM/YY)</td> <td style="border: none;">Fines Amount (\$)</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Name on Card</td> <td colspan="2" style="border: none;">Total Amount (\$)</td> </tr> </table>	_____	_____	_____	Credit Card Number	Expiry (MM/YY)	Fines Amount (\$)	_____	_____	_____	Name on Card	Total Amount (\$)	
_____	_____	_____											
Credit Card Number	Expiry (MM/YY)	Fines Amount (\$)											
_____	_____	_____											
Name on Card	Total Amount (\$)												
* Must be made payable to Newfoundland Exchequer													

4 Application Declaration

I hereby declare that I have provided complete and correct information in this application.	
_____ Signature of Applicant	_____ Date
_____ Signature of Parent/Guardian (where applicable)	_____ Date

Office Use Only <input type="checkbox"/> New Applicant <input type="checkbox"/> ID Card <input type="checkbox"/> Renewal <input type="checkbox"/> Reclass/Renew <input type="checkbox"/> Reclassification <input type="checkbox"/> Amended <input type="checkbox"/> Amended (No Fee) <input type="checkbox"/> Inactive <input type="checkbox"/> Replacement <input type="checkbox"/> Road Test <input type="checkbox"/> Taxi Only <input type="checkbox"/> Driver's Abstract was Reviewed <input type="checkbox"/> Driver's Medical was Reviewed	AMT PAID: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Notes _____	

PRIVACY STATEMENT

Personal information contained on this form is collected under the authority of the Highway Traffic Act (HTA) and will be used to issue a NL Driver's Licence, Photo Identification or Vehicle Registration. Section 6 of the HTA allows MRD to disclose an applicants personal information to law enforcement, select federal, provincial and municipal officials and, if necessary, to the medical section for the purpose of medical assessments related to driving requirements.. Motor registration Division (MRD) uses facial recognition technology to protect against identity theft and fraud. personal information collected by the Government of Newfoundland and Labrador is protected under the Access to Information and Protection of Privacy, 2015 (ATIPP) Act. If you have any questions about the collection or use of this information please direct inquiries to 1-877-636-6867 (Mon to Fri 8:30 a.m. to 4:00 p.m. NL time)