

Section 25 (a)(i)–(v) of the Traffic Act (2021 Revision)

Department of Vehicle & Drivers' Licensing
Application for Written Test

Notice to Applicants

- Complete PART A in block capitals using.
- Fee CI\$25
- ROAD CODE can be found on the department website www.dvdl.gov.ky Click useful links
- **APPOINTMENTS MAY ALSO BE BOOKED THROUGH THE CUSTOMER SUPPORT UNIT @ 345-945-8344 OPTION: 1**

PART A			
First Name:	Middle Name:	Last Name:	Date of Birth (DD/MM/YYYY):
Gender:	Eye Colour:	Hair Colour:	Height:
Nationality:		P.O. Box:	Postal Code:
House No:	Unit #:	Street Address:	
Island:	District:	Email:	Contact #

Declaration

I hereby apply to the Department of Licensing for a Written Test. I declare that the information provided on this form is true and correct. I solemnly declare that I am not disqualified from holding or obtaining a driving licence for any reason prescribed by law or by any court. A false declaration is punishable by a fine of two thousand dollars and to imprisonment for twelve months.

Full Name of Applicant

Signature of Applicant

Date (dd / mm / yyyy)

Notes:

1. The study material i.e. **Road Code** can be found under "**Useful Links**" at www.dvdl.gov.ky.
2. If deemed necessary, you may opt to cancel your appointment, however, you are only eligible for a refund if your appointment is cancelled **at least 24 hours in advance**.