

REPUBLIC OF THE PHILIPPINES DEPARTMENT OF TRANSPORTATION & COMMUNICATIONS LAND TRANSPORTATION OFFICE

No.

LTO FORM NO. 21

East Avenue, Quezon City FIELD OFFICE

INSTRUCTIONS	1 ACCOMPLISH THE FORM CORRECTLY 2 PRINT DATA LEGIBLY IN CAPITAL LETTERS 3 SUBMIT THIS FORM TO THE CSR/EVALUATOR TOGETHER WITH THE REQUIRED SUPPORTING DOCUMENTS							APPLICATION FOR DRIVER'S LICENSE										
NAME (Family Name, First	Name, Middle Nan	ne)																
PRESENT ADDRESS (No.	, Street, City/Munic	ipality, Province)					TEL	NO. / CP	NO.			TIN						
							ТО	TO BE ACCOMPLISHED BY LTO PERSONNEL ONLY										
NATIONALITY	GENDER (F/M) BIRTH DATE (MM/DD/YY) HEIGHT(cm) WEIGHT(kg) LICENSE										
							NU	JMBER										
TYPE OF APPLICATION (TOA)									RESTRICTION CODE									
□ A. NEW □ D FOREIGN LIC. CONVERSION □ CHANGE CIVIL STATUS								□1 MOTORCYCLE/MOTORIZED TRICYCLES /										
B. DELINQUENT/DORMANT	B. DELINQUENT/DORMANT DE RENEWAL CHANGE NAME						E- BIKES (LSV) TRIKES (A-1)											
LICENSE							□2 VEHICLES UP TO 4500 KGS. GVW											
C. CHANGE CLASSIFICATION G DUPLICATE OTHERS							(MANUAL AND AUTOMATIC CLUTCH)											
□PROF TO NON-PROF □H REVISION OF RECORDS							□3 VEHICLES ABOVE 4500 KGS. GVW											
□NON-PROF TO PROF □ CHANGE ADDRESS								(MANUAL AND AUTOMATIC CLUTCH)										
TYPE OF LICENSE APPLIED (TLA) FOR DRIVING SKILL ACQUIRED OR WILL BE ACQUIRED THRU			(DSA) EDUCATIONAL ATTAINMENT (EA)							CLUTCH								
1 STUDENT PERMIT	1 DRIVING SC	1 DRIVING SCHOOL 1 INFORMAL 4 VOCATIONAL							□5 AUTOMATIC CLUTCH ONLY ABOVE 4500 KGS. GVW □6 ARTICULATED 1600 GVW AND BELOW									
2 NON-PROFESSIONAL				SCHOOLING 5 COLLEGE														
☐ 3 PROFESSIONAL ☐ 2 LICENSED PRIVATE ☐ 4 CONDUCTOR PERSON			2 ELEMENTARY 6 POST GRADUATE							D 1601 L D 4501 (ICK - TE	ΔΙΙ ΕΓ	5)		
4 CONDOCTOR	ORGAN DON		HIGH SCHOOL		YES		_ _ _8	AKTIO	JENTEL	D 4301 C	JVVV	ND ADO	VL (TIXC	OK - III	MILLI	')		
BLOOD TYPE NO																		
CIVIL STATUS (CS) HAIR EYES BUILT COMPLEXION								CONDITIONS										
	1. BLACK	1. BLACK	1. LIGHT		□ 1. L													
	2. BROWN 3. BLONDE	- - - - - - - - -					A WEARING CORRECTIVE LENSES.											
	4. GRAY 4. OTHERS																	
	5. OTHERS (Specify)	(Specify)					В	DRIVE (ONLY V	VITH CU	ISTOM	ZED VE	HICLE					
BIRTHPLACE (City/Municipality, Province)								C DRIVE ONLY W/ SPECIAL EQUIPMENT FOR UPPER										
A Windows Common Com																		
								OR LOWER LIMBS										
FATHER'S NAME (Family Name, First Name, Middle Name) indicate even if deceased							D	D DAYLIGHT DRIVING ONLY										
								E WITH HEARING AID										
MOTHER'S NAME (Family	Namo Eirst Namo	Middle Name) indi	cata ayan if daga	22000	1			OMPUT	ATION	LOFE	EEC		A B/	OUNT				
MOTHER'S NAME (Family Name, First Name, Middle Name) indicate even if deceased										VOFF	EES		AIV	OUNT				
							APPL	ICATION	FEE			₽						
SPOUSE NAME (Family Name, First Name, Middle Name) indicate even if deceased							COM	PUTER F	EE									
									TOTAL	-		P						
EMPLOYER'S BUSINESS	NAME			TEL	NO.			NSE FEE								\Box		
								TIONAL F			CODE							
EMPLOYER'S BUSINESS ADDRESS								NGE CLAS										
								COMPUTER FEE										
								ERS (SPE								\dashv		
FILL THIS UP ONLY IF YOUR PREVIOUS NAME (Family Name, First Name, Middle Name)								- _P										
NAME ABOVE IS DIFFERENT FROM YOUR NAME IN				,		-	ГОТА	L		P				\neg				
PREVIOUS LICENSE							-	HIS IS TO			I HAVE		ILIVEV	11111	TUIP			
THIS IS TO CERTIFY TH THE INFORMATION I HA GIVEN IS TRUE AND	AVE						'			INCLUDI								
CORRECT. SIGNATURE OF APPLICANT						PRINT NAME/SIGNATURE												