



Republic of the Philippines
Department of Transportation & Communications
LAND TRANSPORTATION OFFICE
 East Avenue, Quezon City



Field Office: _____ Date: _____
 MM – DD – YYYY

APPLICATION FOR DRIVER'S LICENSE & CONDUCTOR/STUDENT PERMIT

- INSTRUCTIONS: 1. Accomplish this form correctly. 2. Print data legibly.
 3. Submit this form to receiving personnel together with the required supporting documents.

NAME (Family Name, First Name, Middle Name)	
ADDRESS (No., Street, City / Municipality, Province)	
CITIZENSHIP	SEX
TEL. NO.	PAGER/EMAIL:
BIRTH DATE (MM/DD/YY)	BIRTHPLACE
HEIGHT (cm)	WEIGHT (kg)
CIVIL STATUS <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widow/er <input type="radio"/> Others	ORGAN DONOR <input type="radio"/> Yes <input type="radio"/> No
TYPE OF APPLICATION (TOA)	REVISION OF RECORDS (PREVIOUS)
<input type="radio"/> A. NEW <input type="radio"/> Student <input type="radio"/> Professional <input type="radio"/> Non-Prof <input type="radio"/> Conductor's Permit <input type="radio"/> B. 2 YRS. DELINQUENT OR MORE <input type="radio"/> C. CHANGE TYPE <input type="radio"/> NON-PROF TO PROF <input type="radio"/> PROF TO NON-PROF <input type="radio"/> FOREIGN LIC. TO NON-PRO <input type="radio"/> FOREIGN LIC. TO PROF <input type="radio"/> D. RENEWAL <input type="radio"/> E. ADDITIONAL RESTRICTION CODE <input type="radio"/> F. DUPLICATE <input type="radio"/> G. REVISION OF RECORDS (EX. Address, Name, Civil Status, Birth, etc.) <input type="radio"/> H. OTHERS	NAME (Family Name, First Name, Middle Name) _____ ADDRESS (No., Street, City/Municipality, Province) _____ _____ BIRTHDATE _____ MM DD YY CIVIL STATUS <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widow/er <input type="radio"/> Others
SPOUSE NAME (Last Name, First Name, M.I.)	
MOTHER'S MAIDEN NAME (Family Name, First Name, M.I.) Indicate even if deceased	
FATHER'S NAME (Family Name, First Name, M.I.) Indicate even if deceased	
EMPLOYER'S BUSINESS NAME	TEL NO.
EMPLOYER'S BUSINESS ADDRESS	
OTHER CONTACTS	TEL NO.

Any false statement in this application or misrepresentation of facts relative thereto shall render the license null and void and shall serve as ground to bar applicant from acquiring any license/permit.

THIS IS TO CERTIFY THAT THE INFORMATION
 I HAVE GIVEN IS TRUE AND CORRECT.

SUBSCRIBED under oath before me

 SIGNATURE OF APPLICANT

 CHIEF
 Transportation District Office