



DEMANDE D'APPRENTISSAGE DU PERMIS DE CONDUIRE

APPLICATION FOR LEARNER DRIVER'S LICENSE

1. PRENOM / NOM DE L'APPLIQUANT
NAME / SURNAME OF APPLICANT -----
2. LIEU DE NAISSANCE
PLACE OF BIRTH -----
3. DATE DE NAISSANCE
DATE OF BIRTH -----
4. ADRESSE
ADDRESS -----
5. CATEGORIE D'APPRENTISSAGE DU PERMIS CONDUIRE DEMANDER
CATEGORY OF VEHICLE FOR WHICH LEARNER'S LICENSE REQUIRED

- Motocycliste de moins de 50 cc
Motorcycle less than 50 cc capacity
- Motocycliste entre 50 cc et 125 cc
Motorcycle of less 125 cc but more than 50 cc capacity
- Motocycliste de 125 cc et plus
Motorcycle of more than 125 cc capacity
- Voiture de Tourisme
Motor Vehicle
- Poids Lourds
Heavy Motor Vehicle
- Véhicule de Transport en Commun
Common Vehicle

Information des autres permis de conduire de l'appliquant / particular of any other driving license N.-----

L'appliquant a-t'il fait l'objet d'un retrait de permis de conduire?
Has the applicant already been refuse a driving license? Oui / Yes Non / No

Date of Application -----Signature of applicant-----

CERTIFICAT MEDICALE / MEDICAL CERTIFICATE

Je soussigné, declare en connaissance de cause de
I the undersigned declare to the best of my knowledge that the applicant does not suffer from any illness or physical handicap which would cause public danger where he/she is in charge of a motor vehicle.

Place and Date of Issue

Signature of Medical Officer