



N.W.T. APPLICATION FOR DRIVER'S LICENCE OR GENERAL IDENTIFICATION CARD

SECTION 1 - TRANSACTION REQUEST

I am requesting a:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Driver's Licence (DL) (first application) | <input type="checkbox"/> General Identification Card (GIC) | <input type="checkbox"/> Renewal | <input type="checkbox"/> Address change |
| <input type="checkbox"/> Replacement DL/GIC | <input type="checkbox"/> Downgrade | <input type="checkbox"/> Exchange/Transfer | |
| <input type="checkbox"/> Name or Gender change | <input type="checkbox"/> Re-instatement | <input type="checkbox"/> Upgrade | |

SECTION 2 - DRIVER INFORMATION AND CITIZENSHIP

Surname	Given 1	Given 2	Given 3
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Home address: (Street # & Name, Apt. #, Lot #, or description if applicable)		Community	Postal Code
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
MAILING ADDRESS (If different from above): Box #		Community	Postal Code
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Home Telephone #	Work Telephone #	Cellular Phone #	E-Mail Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date of Birth: (DD-MM-YYYY)	Eye Colour:	Hair Colour:	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Weight: (in kg or in lbs)	Height: (in cm or in feet, inch)	Gender:	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	
CITIZENSHIP: I am a citizen of the following country (or countries, in case of dual citizenship):			
Country #1	<input style="width: 95%;" type="text"/>	Country #2 (if applicable)	<input style="width: 95%;" type="text"/>

SECTION 3 - CONFIRMATION OF DRIVING HISTORY

Have you ever previously held a Northwest Territories Driver's Licence (DL)? Yes No

If yes, was it under another name? Yes No If yes, what was the other name?

Have you ever previously held a Driver's Licence (DL) from outside the Northwest Territories? Yes No

If « Yes » :

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Jurisdiction	Class	Endorsements / Conditions	DL Expiry Date

Has your DL been suspended or cancelled? Yes No

Do you have any pending suspensions? Yes No

If your previous licence has been suspended, cancelled, or has pending suspensions, please explain:

Signature: _____

Date: ____/____/____
 day month year

SECTION 4 - MEDICAL DECLARATION

Do you wear glasses or contact lenses for driving? Yes No

Have you ever had a stroke or mini-stroke? Yes No If yes, when? _____

Have you had a loss of consciousness within the past 10 years? Yes No

Have you ever had high blood pressure (170/110)? Yes No

Do you suffer from a thyroid disorder? Yes No Disorder: _____

Are you an insulin-treated diabetic? Yes No

Are you currently taking any medications which may impair your ability to safely operate a motor vehicle? Yes No

List: _____

Have you ever had a heart problem? Yes No If yes, what kind? _____

Have you ever had a seizure? Yes No

SECTION 5 - CHANGE OF NAME

My name has changed due to the following: Marriage Divorce Legal Name Change Other:

**Supporting documents to be attached
(Marriage Certificate, Divorce Decree, Legal Divorce Pending Letter, medical forms from physician)**

SECTION 6 - CLIENT CONSENT TO RELEASE TO REGISTRAR

I certify that the information provided by me on this application is, to the best of my knowledge, correct. I consent to having any having information on this application or any document provided by me in support of this application verified by the Registrar of Motor Vehicles.

Signature : X _____ Date : _____

This information is being collected by the Department of Infrastructure under the authority of section 307.92 of the *Motor Vehicles Act* for the purpose of administering driver and motor vehicle records. It is subject to the protection and disclosure provisions of the Access to Information and Protection of Privacy Act.

Questions about the collection of this information can be directed to the Registrar of Motor Vehicles, at:

Registrar of Motor Vehicles
Department of Infrastructure
5015, 49th Street
P.O. Box 1320
Yellowknife, NT, X1A 2L9
Phone: (867) 767-9088, extension 31165.

FOR OFFICE USE ONLY

Client ID # _____

Medical Assessment Officer's Initials _____

Issuer's signature _____