



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF TRANSPORTATION & COMMUNICATIONS  
LAND TRANSPORTATION OFFICE  
East Avenue, Quezon City



LTO FORM NO. 21

FIELD OFFICE

No.

**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 Name)

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PRESENT ADDRESS (No., Street, City/Municipality, Province)

TEL NO. / CP NO.

TIN

TO BE ACCOMPLISHED BY LTO PERSONNEL ONLY

NATIONALITY

GENDER (F/M)

BIRTH DATE (MM/DD/YY)

HEIGHT (cm)

WEIGHT (kg)

LICENSE NUMBER

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**TYPE OF APPLICATION (TOA)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> A NEW<br><br><input type="checkbox"/> B DELINQUENT/DORMANT LICENSE<br><br>C CHANGE CLASSIFICATION<br><input type="checkbox"/> PROF TO NON-PROF<br><input type="checkbox"/> NON-PROF TO PROF | <input type="checkbox"/> D FOREIGN LIC. CONVERSION<br><br><input type="checkbox"/> E RENEWAL<br><br><input type="checkbox"/> F ADDITIONAL RESTRICTION CODE<br><br><input type="checkbox"/> G DUPLICATE<br><br><input type="checkbox"/> H REVISION OF RECORDS<br><br><input type="checkbox"/> CHANGE ADDRESS | <input type="checkbox"/> CHANGE CIVIL STATUS<br><br><input type="checkbox"/> CHANGE NAME<br><br><input type="checkbox"/> CHANGE DATE OF BIRTH<br><br><input type="checkbox"/> OTHERS |
|--|---|--|

**RESTRICTION CODE**

- 1 MOTORCYCLE/MOTORIZED TRICYCLES/ E-BIKES (LSV) TRIKES (A-1)
- 2 VEHICLES UP TO 4500 KGS. GVW (MANUAL AND AUTOMATIC CLUTCH)
- 3 VEHICLES ABOVE 4500 KGS. GVW (MANUAL AND AUTOMATIC CLUTCH)
- 4 AUTOMATIC CLUTCH ONLY UP TO 4500 KGS. GVW
- 5 AUTOMATIC CLUTCH ONLY ABOVE 4500 KGS. GVW
- 6 ARTICULATED 1600 GVW AND BELOW
- 7 ARTICULATED 1601 UP TO 4500 GVW
- 8 ARTICULATED 4501 GVW AND ABOVE (TRUCK - TRAILER)

TYPE OF LICENSE APPLIED FOR (TLA)

DRIVING SKILL ACQUIRED OR WILL BE ACQUIRED THRU (DSA)

EDUCATIONAL ATTAINMENT (EA)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 1 STUDENT PERMIT<br><br><input type="checkbox"/> 2 NON-PROFESSIONAL<br><br><input type="checkbox"/> 3 PROFESSIONAL<br><br><input type="checkbox"/> 4 CONDUCTOR | <input type="checkbox"/> 1 DRIVING SCHOOL<br><br><input type="checkbox"/> 2 LICENSED PRIVATE PERSON | <input type="checkbox"/> 1 INFORMAL SCHOOLING<br><input type="checkbox"/> 2 ELEMENTARY<br><input type="checkbox"/> 3 HIGH SCHOOL<br><br><input type="checkbox"/> 4 VOCATIONAL<br><input type="checkbox"/> 5 COLLEGE<br><input type="checkbox"/> 6 POST GRADUATE |
|---|---|---|

BLOOD TYPE

ORGAN DONOR

- YES
- NO

CIVIL STATUS (CS)      HAIR      EYES      BUILT      COMPLEXION

**CONDITIONS**



**CIVIL STATUS (CS)**

- 1. SINGLE
- 2. MARRIED
- 3. WIDOW/ER
- 4. SEPARATED

**HAIR**

- 1. BLACK
- 2. BROWN
- 3. BLONDE
- 4. GRAY
- 5. OTHERS (Specify)

**EYES**

- 1. BLACK
- 2. BROWN
- 3. GRAY
- 4. OTHERS (Specify)

**BUILT**

- 1. LIGHT
- 2. MEDIUM
- 3. HEAVY

**COMPLEXION**

- 1. LIGHT
- 2. FAIR
- 3. DARK

**CONDITIONS**

- A** WEARING CORRECTIVE LENSES
- B** DRIVE ONLY WITH CUSTOMIZED VEHICLE
- C** DRIVE ONLY W/ SPECIAL EQUIPMENT FOR UPPER OR LOWER LIMBS
- D** DAYLIGHT DRIVING ONLY
- E** WITH HEARING AID

**BIRTHPLACE** (City/Municipality, Province)

**FATHER'S NAME** (Family Name, First Name, Middle Name) indicate even if deceased

**MOTHER'S NAME** (Family Name, First Name, Middle Name) indicate even if deceased

**SPOUSE NAME** (Family Name, First Name, Middle Name) indicate even if deceased

**EMPLOYER'S BUSINESS NAME**

**TEL. NO.**

**EMPLOYER'S BUSINESS ADDRESS**

FILL THIS UP ONLY IF YOUR NAME ABOVE IS DIFFERENT

**PREVIOUS NAME** (Family Name, First Name, Middle Name)

COMPUTATION OF FEES	AMOUNT
APPLICATION FEE	₱
COMPUTER FEE	
<b>TOTAL</b>	₱
LICENSE FEE	
ADDITIONAL RESTRICTION CODE	
CHANGE CLASSIFICATION	
REVISION OF RECORDS	
COMPUTER FEE	
OTHERS (SPECIFY)	₱
<b>TOTAL</b>	₱