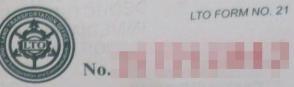


DEPARTMENT OF TRANSPORTATION & COMMUNICATIONS

LAND TRANSPORTATION OFFICE East Avenue, Quezon City

FIELD OFFICE



INSTRUCTIONS	1 ACCOMPLISH THE FORM CO 2 PRINT DATA LEGIBLY IN CAR	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)		DOGOMETT					
-	No., Street, City/Municipality,	Province)				TEL NO. / CP NO. TIN		
						TO BE ACCOMPLISHED BY LTO PERSONNEL ONLY		
GENDER (F/M) BIRTH DATE (MM/D		D/YY) HEIGHT (cm) WEIGHT (kg)			(kg) LICENSE NUMBER			
	TYPE OF APP	LICATION (TOA)			RESTRICTION CODE		
] A NEW	D FOREIGN LIC.	CONVERSION	☐ CH	IANGE CIVIL STAT	US	☐ 1 MOTORCYCLE/MOTORIZED TRICYCLES/		
B DELINQUENT/DORMANT						E-BIKES (LSV) TRIKES (A-1)		
LICENSE F ADDITIONAL RESTRICTION CODE CHANGE DATE OF BIRTH						☐ 2 VEHICLES UP TO 4500 KGS. GVW		
C CHANGE CLASSIFICA	ATION G DUPLICATE	(MANUAL AND AUTOMATIC CLUTCH)						
PROF TO NON-PR	OF H REVISION OF	☐ 3 VEHICLES ABOVE 4500 KGS. GVW						
□ NON-PROF TO PR		(MANUAL AND AUTOMATIC CLUTCH)						
PE OF LICENSE APPLIED (TLA	DRIVING SKILL ACQUIRED OR WILL BE ACQUIRED THRU	(DSA) EDUCA	TIONAL ATT	AINMENT (EA)		4 AUTOMATIC CLUTCH ONLY UP TO 4500 KGS. GVW		
1 STUDENT PERMIT	1 DRIVING SCHOOL	1 INFORM	AL [4 VOCATIONA		☐ 5 AUTOMATIC CLUTCH ONLY ABOVE 4500 KGS. GVW		
2 NON-PROFESSIONAL		SCHOOL	ING [5 COLLEGE		6 ARTICULATED 1600 GVW AND BELOW		
3 PROFESSIONAL	2 LICENSED PRIVATE 2 ELEMEN		NTARY 6 POST GRADUATE			7 ARTICULATED 1601 UP TO 4500 GVW		
4 CONDUCTOR	PERSON	CHOOL			☐ 8 ARTICULATED 4501 GVW AND ABOVE (TRUCK - TRAILE			
LOOD TYPE	ORGAN DONOR			☐ YES ☐ NO				
U STATUS (CS)	HAID F	YES	BUILT	COMPLE	XION	N CONDITIONS		

		No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street,	THE RESERVE THE PERSON NAMED IN	J NO	COMPLET	ONO
CIVIL STATUS (CS)	HAIR	EYES	BUILT	COMPLEXION	CONDITION	UNS
☐ 1. SINGLE ☐ 2. MARRIED ☐ 3. WIDOW/ER	1. BLACK 2. BROWN 3. BLONDE	1. BLACK 2. BROWN 3. GRAY	1. LIGHT 2. MEDIUM 3. HEAVY	1. LIGHT 2. FAIR 3. DARK	A WEARING CORRECTIVE LENSE	S
☐ 4. SEPARATED	4. GRAY 5. OTHERS (Specify)	4. OTHERS (Specify)		-	B DRIVE ONLY WITH CUSTOMIZE	ED VEHICLE
BIRTHPLACE (City/I	Municipality, Province)		C DRIVE ONLY W/ SPECIAL EQUIPMENT FOR UPPER OR LOWER LIMBS			
FATHER'S NAME (F	amily Name, First Name,	Middle Name) indi	cate even if deceas	ed	D DAYLIGHT DRIVING ONLY E WITH HEARING AID	
MOTHER'S NAME (Family Name, First Name	, Middle Name) ind	COMPUTATION OF FEES	AMOUNT		
					APPLICATION FEE	P
SPOUSE NAME (Fai	mily Name, First Name, N	Middle Name) indica	COMPUTER FEE			
					TOTAL	#
EMPLOYER'S BUSIN	NESS NAME		LICENSE FEE			
					ADDITIONAL RESTRICTION CODE	
					CHANGE CLASSIFICATION	
MPLOYER'S BUSINESS ADDRESS					REVISION OF RECORDS	
					COMPUTER FEE	
					OTHERS (SPECIFY)	P
ILL THIS UP ONLY IF Y		NAME (Family Nan	TOTAL	P		