



REPUBLIC OF LIBERIA

MINISTRY OF TRANSPORT

Division of Driver's License



Form #: \_\_\_\_\_

**DRIVER'S LICENSE APPLICATION DATA COLLECTION FORM**

NAME: \_\_\_\_\_  
(LAST NAME) (FIRST) (MIDDLE)

DATE OF BIRTH: \_\_\_\_\_  
(MONTH) (DATE) (YEAR)

PLACE OF BIRTH: \_\_\_\_\_  
(COUNTY/CITY) (COUNTRY)

GENDER: ( ) MALE ( ) FEMALE NATIONALITY: \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ CONTACT \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
(COUNTY/CITY) (COUNTRY)

I THE UNDERSIGNED DO HEREBY CONFIRM THAT THE INFORMATION PROVIDED BY ME IS TRUE AND ACCURATE TO THE BEST OF MY CERTAIN KNOWLEDGE AND THAT IF ANY OF THE INFORMATION IS FOUND TO BE MISLEADING MY APPLICATION FOR DRIVER'S LICENSE SHOULD BE DENIED.

SIGNED: \_\_\_\_\_, Cell#: \_\_\_\_\_, DATE: \_\_\_\_\_  
APPLICANT

**BELOW FOR OFFICIAL USE ONLY:**

PROCESSING CENTER: \_\_\_\_\_

CLASS OF LICENSE: \_\_\_\_\_ LIC. NO: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

APPLICATION PROCESSED BY: \_\_\_\_\_  
(MOT /PERSONNEL)

SIGNED: \_\_\_\_\_  
DIRECTOR OF DRIVER'S LICENSE

APPROVED: \_\_\_\_\_  
DEPUTY MINISTER /L&RT