FORM – 4
{ See Rule 14 (1) }
FORM OF APPLICATION FOR LICENCE TO DRIVE A MOTOR VEHICLE
To,

The Licensing Authority
Aizawl, Mizoram.

I apply for a licence to enable me to drive vehicles of the following description:
(a) Motor Cycle without gear
(b) Motor Cycle with gear
(c) Invalid Carriage
(d) Light Motor Vehicle NT/GV/CAB
(e) Transport Vehicles (TRANS TR)
(f) Road Roller
Motor Vehicle of the following description: ____________________________

PARTICULARS TO BE FURNISHED BY APPLICANT

1. Full Name: ______________________________________________________
2. Son/Wife/Daughter of: _____________________________________________
3. I enclosed Learner’s Licence No. _________________________________
4. Temporary address / Official address, if any: __________________________
5. Have you previously held driving licence? If so, give details: __________
6. Particulars and date of every conviction which has been ordered to be endorsed on any licence held by the applicant ____________________________
7. Have you been disqualified for obtaining a licence to drive? If so, for what reason? ________________________________________________

Date: __________________ Signature / thumb impression of applicant.

CERTIFICATE OF TEST OF COMPETENCE TO DRIVE

The applicant has passed the test prescribed under rule 15 of the Central Motor Vehicle Rules, 1989. The test was conducted on (here enter the registration mark and description of the vehicle _______________________ on _________.
The applicant has failed in test (The details of the deficiency to be listed out).

Date: _____ _____20_____ Signature of Testing Authority
Full Name and Designation and Seal