

Embassy of Sri Lanka, Stockholm
Change of Personal Details of the Driver License
Checklist

Name of Applicant:

Contact No: Email Address:

Residential Address:

Document	Applicant Check list	Check by officer list	Remarks
Duly completed MTA 30/2 Application Should be obtained from the Embassy and filled in BLACK INK			
Request Letter by the applicant addressed to the Commissioner General, Department of Motor Traffic of Sri Lanka.			
Evidence documents related to the change made, i.e. Birth Certificate, Marriage Certificate, Divorce Certificate etc. for the name change and resident certificate for address change.			
Two black and white passport size photographs (3.5 c.m. x 4.5 c.m.) [Glasses, hats or caps should be removed			
Current Driving Licence issued by Department of Motor Traffic Sri Lanka with a photocopy.			
Valid Passport or copy of the data page of the Passport certified by the Honorary Consul of Sri Lanka or notary public in your country of residence.			
National Identity Card (N.I.C.), if available.			
Copy of the Valid Residence Permit certified by the Honorary Consul of Sri Lanka or notary public in your country of residence.			

- Application Submitted to Office on:
- To ensure the smooth processing of the application, we kindly request you to fulfill deficiencies in the application within 30 days from the date of submission. Failure to do so may lead to the rejection of the application.
- Applicant should submit the original payment receipt to obtain his/her renewed Driving License.

Receipt No: Date:.....



DEPARTMENT OF MOTOR TRAFFIC SRI LANKA

Motor Traffic Act Chapter 203 Section 124, 126(1), 128(1)



APPLICATION FOR DRIVING LICENCE

Application for: New Extend Renewal Duplicate Conversion Change of Particulars Extend - Public Transport

FORM SHOULD BE FILLED IN ENGLISH

A PERSONAL DETAILS (ALL TRANSACTIONS)

1. ID Type (Tick Appropriate Box) NIC Sri Lanka Passport

2. ID/Passport Number

3. Surname

4. Other Names

5. Name to be printed on the card

6. Sex (Tick Appropriate Box) Male Female

7. Date of Birth: / / 8. Age

Y Y Y Y M M D D

Please fill using a black pen only

SAMPLE APPLICATION

B ADDITIONAL PERSONAL DETAILS (ALL TRANSACTIONS)

1. Height FT Inches

2. Blood Group

3. Organ Donor Yes No (Tick Appropriate Box)

4. Permanent Address (Address to where the card will be posted)

5. Phone Number

6. Divisional Secretariat Four Digit Code

7. Driver Restrictions (Tick Appropriate Box) None Corrective Lenses Artificial Limb

C NTMI MEDICAL, POLICE, OLD LICENCE AND GRAMA NILADARI CERTIFICATE DETAILS

1. Date of NTMI Medical Certificate (EXTEND, RENEW & EXTEND PT) / /

2. NTMI Medical Certificate Number (EXTEND, RENEW & EXTEND PT)

3. Date of Police Report (DUPLICATE & EXTEND PT) / /

4. Police Station (DUPLICATE & EXTEND PT)

5. Old Driving Licence Number (CONVERSION)

6. Issue Date (CONVERSION) / / 7. Expiry Date (CONVERSION) / /

8. Grama Niladari Certificate Number (CHANGE OF PARTICULARS)

Y Y Y Y M M D D Y Y Y Y M M D D

D	1. DRIVING LICENCE CLASSES	2. VEHICLE RESTRICTIONS				3. TRANSACTION TYPE			4. ISSUE DATE OF OLD CLASS / CLASSES (CONVERSION)							
		0	1	2	3	CON	REN	EXT	Y	Y	Y	Y	M	M	D	D
Please tick the appropriate box with an X																
A1	<input type="checkbox"/> Motorcycle Engine Capacity ≤ 100cc															
A	<input type="checkbox"/> Motorcycle Engine Capacity > 100cc															
B1	<input type="checkbox"/> Motor Tricycle - Tare ≤ 500kg, GVW ≥ 1000kg															
B	<input type="checkbox"/> All Cars/Dual Purpose - GVW ≤ 3500kg, Passengers ≤ 8, Trailer ≤ 250kg															
C1	<input type="checkbox"/> Light Motor Lorry - 3500kg < GVW ≤ 17000kg, Trailer < 750kg															
C	<input type="checkbox"/> Motor Lorry - GVW > 17000kg, Trailer ≤ 750kg															
CE	<input type="checkbox"/> Heavy Motor Lorry - GVW > 17000kg, Trailer > 750kg															
D1	<input type="checkbox"/> Light Motor Coach - Passengers < 32, Trailer ≤ 750kg															
D	<input type="checkbox"/> Motor Coach - Passengers > 32, Trailer ≤ 750kg															
DE	<input type="checkbox"/> Heavy Motor Coach - Trailer > 750kg															
G1	<input type="checkbox"/> Two Wheel Tractor with a Trailer															
G	<input type="checkbox"/> Agricultural Land Vehicle with or without a Trailer															
J	<input type="checkbox"/> Special Purpose Vehicle															
PT	<input type="checkbox"/> Public Transport Endorsement															
Commercial Class																
		<input type="checkbox"/> Void		<input type="checkbox"/> Activate												

In your own interest, you should read the notes below carefully:

Notes:

- A. Learners Licence is valid for 18 months only.
- B. All names must be written in FULL.
- C. Age Limits: Over 18: A, A1, B, B1, G, G1
Over 21: C, C1, CE, D, D1, DE and J
Over 23: PT

E PHOTOGRAPH, FINGERPRINTS, SIGNATURE AND DECLARATION (ALL TRANSACTIONS)

PHOTO (Photograph should be pasted on the application)	FINGERPRINT LEFT HAND Please indicate which finger on left hand was used for the fingerprint. (Tick the appropriate box where applicable)	FINGERPRINT RIGHT HAND Please indicate which finger on right hand was used for the fingerprint. (Tick the appropriate box where applicable)
<p>Black & White photos in white background. (3.5cm x 4.5cm)</p>	<input type="checkbox"/> Left Thumb	<input type="checkbox"/> Right Thumb
	<input type="checkbox"/> Left Index Finger	<input type="checkbox"/> Right Index Finger
	<input type="checkbox"/> Left Middle Finger	<input type="checkbox"/> Right Middle Finger
	<input type="checkbox"/> Left Ring Finger	<input type="checkbox"/> Right Ring Finger
	<input type="checkbox"/> Left Little Finger	<input type="checkbox"/> Right Little Finger
<p>APPLICANT DECLARATION I declare that I am not suffering from any mental or physical disability or any disease as would be likely to cause my driving to be a source of danger to the public. I also declare that the particulars given above are true and accurate to the best of my knowledge and I fully realize that if any of above particulars is found to be incorrect or false I am liable to be prosecuted or dealt with otherwise.</p>		
SIGNATURE		DATE
<p>Signataure of the applicant</p>		<p>Y Y Y Y / M M / D D</p>



60775

Please do not write in this area as it falls outside the scanning area

ASSESSMENT	1 DATE OF ASSESSMENT	Y	Y	Y	Y	M	M	D	D	TIME			H	
	2 DATE OF ASSESSMENT	Y	Y	Y	Y	M	M	D	D	TIME			H	
	3 DATE OF ASSESSMENT	Y	Y	Y	Y	M	M	D	D	TIME			H	

1. Vehicle Class / Classes 2 3

2. Vehicle Registration Number: 2 3

1 2 3	3. Preparations before driving	3b. MC -Maneuver			P	F	P	F	P	F			
1 2 3	4. Controls & Devices	Acc	1	2	3	Clu	1	2	3	Gear	1	2	3
		Steer	1	2	3	FBr	1	2	3	HBr	1	2	3
1 2 3	5. Road Signs & Regulations	Stop	1	2	3	NoE	1	2	3	Dir	1	2	3
		RoM	1	2	3	Oth	1	2	3	Reg	1	2	3

		O - Observation				D - Decision				A - Action				
1 2 3	6. Starting and Moving off	- Straight ahead	O	1	2	3	D	1	2	3	A	1	2	3
		- At an angle	O	1	2	3	D	1	2	3	A	1	2	3
		- Uphill	O	1	2	3	D	1	2	3	A	1	2	3
		- Downhill	O	1	2	3	D	1	2	3	A	1	2	3
1 2 3	7. Driving in Junctions	- Left turn	O	1	2	3	D	1	2	3	A	1	2	3
		- Straight ahead	O	1	2	3	D	1	2	3	A	1	2	3
		- Right turn	O	1	2	3	D	1	2	3	A	1	2	3
1 2 3	8. Driving in Roundabouts	- Left turn	O	1	2	3	D	1	2	3	A	1	2	3
		- Straight ahead	O	1	2	3	D	1	2	3	A	1	2	3
		- Right turn	O	1	2	3	D	1	2	3	A	1	2	3
1 2 3	9. Driving in Traffic	- Lane (keep/change)	O	1	2	3	D	1	2	3	A	1	2	3
		- Signalling	O	1	2	3	D	1	2	3	A	1	2	3
		- Meeting oncoming Traffic	O	1	2	3	D	1	2	3	A	1	2	3
		- Overtaking	O	1	2	3	D	1	2	3	A	1	2	3
		- Passing stationary vehicle	O	1	2	3	D	1	2	3	A	1	2	3
		- Anticipation/Action	O	1	2	3	D	1	2	3	A	1	2	3
		- Other R users	O	1	2	3	D	1	2	3	A	1	2	3
1 2 3	10. Traffic Directives	- Policeman	O	1	2	3	D	1	2	3	A	1	2	3
		- Light signals	O	1	2	3	D	1	2	3	A	1	2	3
1 2 3	11. Reversing		O	1	2	3	D	1	2	3	A	1	2	3
1 2 3	12. Stopping and Parking		O	1	2	3	D	1	2	3	A	1	2	3
1 2 3	13. Emergency Stop		O	1	2	3	D	1	2	3	A	1	2	3
1 2 3	14.		O	1	2	3	D	1	2	3	A	1	2	3

15. Examiner Intervention 1 2 3

REMARKS: Examiner should mark the respective boxes above with following signs Minor mistake - / Serious mistake - X Dangerous mistake - X

EXAMINER DECLARATION I am satisfied that the applicant does not suffer from any mental or physical disability and certify that I have no reason to doubt the correctness of the information furnished by the applicant and that the height of the applicant is correct.

Signature	Signature	Signature
Rubber Stamp	Rubber Stamp	Rubber Stamp
Y Y Y Y / M M / D D	Y Y Y Y / M M / D D	Y Y Y Y / M M / D D

