

Embassy of Sri Lanka, Stockholm
Renewal of Driving 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			
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.			
Medical Certificate in English issued from the country of residence (not less than three (03) months old). Documents issued by in other languages should be submitted with an authorised English translation.			
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

Please fill using
a black pen only

SAMPLE APPLICATION

5. Name to be printed on the card

6. Sex ☐ Male ☐ Female 7. Date of Birth / / 8. Age

(Tick Appropriate Box) Y Y Y Y M M D D

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)

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

Commercial Class ☐ Void ☐ Activate

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

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

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

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.

SIGNATURE	DATE
<p>Signature of the applicant</p>	<p>Y Y Y Y / M M / D D</p>

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

F	PAYMENT DETAILS	(ALL TRANSACTIONS)
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☐ BANK ☐ CASHIER

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		(Only When Cashier)
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[illegible]

G WRITTEN AND PRACTICAL TEST DETAILS

New

Extend

Extend - Public Transport




 Number of Classes 

[illegible]

Y	Y	Y	Y

/

M	M

/

D	D

A1	A	B1	B	C1	C	CE	D1	D	DE	G1	G	J	PT
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[illegible]

H	PRACTICAL TEST DETAILS (Tick Appropriate Box)
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New

Extend

Extend - Public Transport

Number of Classes

A1	A	B1	B	C1	C	CE	D1	D	DE	G1	G	J	PT
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[illegible]**PRACTICAL TEST DETAILS**
(Tick Appropriate Box)

New

Extend

Extend • Public Transport

Number of Classes

A1	A	B1	B	C1	C	CE	D1	D	DE	G1	G	J	PT
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[illegible]

J OFFICER DETAILS AND SIGNATURE (ALL TRANSACTIONS)

Authorized Officer Name

Y	Y	Y	Y

/

M	M

/

P	P

Signature of the Embassy Officer / Honorary Consul / Notary Public

SIGNATURE OF OFFICER

OFFICER'S STAMP

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										1											2											3											
2. Vehicle Registration Number:										1											2											3											
3. Preparations before driving										3b. MC -Maneuver										P				F				P				F				P				F			
4. Controls & Devices										Acc				1	2	3	Clu				1	2	3	Gear				1	2	3	HBr				1	2	3						
5. Road Signs & Regulations										Steer				1	2	3	FBr				1	2	3	Dir				1	2	3	Reg				1	2	3						
6. Starting and Moving off										Stop				1	2	3	NoE				1	2	3	Oth				1	2	3													
7. Driving in Junctions										RoM				1	2	3																											
8. Driving in Roundabouts																																											
9. Driving in Traffic																																											
10. Traffic Directives																																											
11. Reversing																																											
12. Stopping and Parking																																											
13. Emergency Stop																																											
14.																																											
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														