

APPLICATION FORM FOR ENGLISH LANGUAGE PROFICIENCY ENDORSEMENT ON A LICENCE

Application Type (Please tick the appropriate box)	
I am applying for endorsement of:	
<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
Licence No.:	
Applicant details:	
Name (as it appears on ID/Passport):	
Date of Birth:	Age (Min.16):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Postal Address:
Email address:	
ID/Passport No:	Nationality:
Licence held:	Phone Number:
Examinations:	Date of Exam
English Language Proficiency Test	
Declaration:	
I declare, to the best of my knowledge and belief, that the information given in this application form and attachments are complete and correct.	
Signature	Date
For Official Use Only:	
Fees:	Receipt No.:
Date:	<input type="checkbox"/> HQ <input type="checkbox"/> WAP <input type="checkbox"/> MSA
PEL Inspector's	
Name	Signature