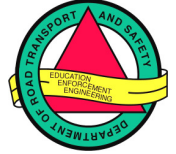




DEPARTMENT OF ROAD TRANSPORT AND SAFETY  
VEHICLE REGISTRATION AND LICENSING



APPLICATION FOR DUPLICATE BOTSWANA DRIVING  
LICENSE/PERMIT/CERTIFICATE

AFFIDAVIT

(Please tick (✓) the all the applicable boxes  and fill in all sections.)

DETAILS of the APPLICANT (Please print)																				
Individual Details					Licence and Permit/Certificate Details															
National ID (Oman):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving Licence Number:															
<i>(Non-Citizen Only)</i>					Vehicle Restrictions:			Driver Restrictions:												
Passport No.					① None	<input type="checkbox"/>	① None	<input type="checkbox"/>												
					① Automatic transmission only	<input type="checkbox"/>	① Glasses/Contact Lenses	<input type="checkbox"/>												
Residence Permit / Exemption Certificate No.					② Electrically (Battery) Powered vehicle	<input type="checkbox"/>	② Physically disabled (with certified badge)	<input type="checkbox"/>												
Surname:					③ Additional/mounted fittings	<input type="checkbox"/>	③ Others (please specify)	<input type="checkbox"/>												
First Names:					④ Others (please specify)	<input type="checkbox"/>														
Nationality:	1. IDP <input type="checkbox"/>		2. Driving Instructor Certificate <input type="checkbox"/>																	
Gender: (Male <input type="checkbox"/> Female <input 2"="" type="checkbox/&gt;)&lt;/td&gt; &lt;td colspan="/> 3. PrDP <input type="checkbox"/>	Goods <input type="checkbox"/>	Hazardous <input type="checkbox"/>	Conductor <input type="checkbox"/>																	
Date of Birth: Day: ___ Month: ___ Year: ___	Passenger <input type="checkbox"/>			Special <input type="checkbox"/>																
Country of Birth:	<input type="checkbox"/>	Taxi / Call-Cab	<input type="checkbox"/>	Mini-Bus	<input type="checkbox"/>	Midi-Bus	<input type="checkbox"/>	Bus	<input type="checkbox"/>	Double-Deck Bus	<input type="checkbox"/>	Train-Bus								
Literate: (YES: <input type="checkbox"/> NO: <input 12"="" type="checkbox/&gt;)&lt;/td&gt; &lt;td colspan="/>																				
Class of Motor Vehicle for which a Licence/Permit/Certificate is requested	<input type="checkbox"/>	A1	<input type="checkbox"/>	A	<input type="checkbox"/>	B	<input type="checkbox"/>	C1	<input type="checkbox"/>	C	<input type="checkbox"/>	EB	<input type="checkbox"/>	EC1	<input type="checkbox"/>	EC	<input type="checkbox"/>	F	<input type="checkbox"/>	H
Physical Address					Postal Address															
Plot No.:					P.O. Box / Private Bag:															
Name of Street:					Location/Ward:															
Location/Ward:					City/Town/Village:															
City/Town/Village:					Tel No.:			Cell Phone:												

**\* Please note that the following sections are compulsory and therefore, cannot be left blank**

I am the lawful owner of the above driving licence/permit/certificate and below is a full description of what happened to my Driving License/Permit/Certificate:

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*The contents of this affidavit are to the nearest best of my knowledge true and accurate and I have no objection in taking the prescribed Oath.*

*I declare that the foregoing particulars are correct, my driving licence/permit/certificate has NOT been seized by any lawful authority for purposes of investigations against myself or suspended and that I am NOT disqualified by any Court of Law within or outside Botswana.*

*I do not suffer from epilepsy or any other mental or physical disability that would affect the safe control of driving.*

*I am not addicted to the use of intoxicating substances.*

*I use glasses for driving /  I do not use glasses for driving*

*I have read this declaration, /  This declaration has been read to me,*

*And I fully understand the content.* \_\_\_\_\_

*Signature of Deponent*

**Application for duplicate has to be verified by the Police**

**FOR POLICE DEPARTMENT:**

Sworn to before me this \_\_\_\_\_ day of (Month) \_\_\_\_\_ (Year) 20\_\_\_\_ (Place)

\_\_\_\_\_ at \_\_\_\_\_ hours by the deponent having expressed and consider it true and binding on his /her conscience.

Police Number: \_\_\_\_\_ Rank: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_  
*Commissioner of Oaths (Signature and Stamp)*

**FOR TRANSPORT OFFICER:**

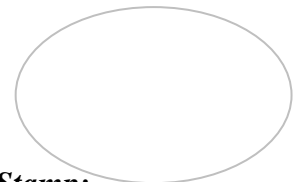
The information given above was confirmed in this office by:

Surname: \_\_\_\_\_

Forenames: \_\_\_\_\_

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_



*Official Date Stamp:*