



DISTRICT OFFICE _____

APPLICATION FOR
STUDENT DRIVER'S PERMIT / DRIVER'S LICENSE / CONDUCTOR'S LICENSE (APL)

INSTRUCTIONS

- 1. ACCOMPLISH THE FORM COMPLETELY
- 2. PRINT DATA LEGIBLY IN CAPITAL LETTERS
- 3. SUBMIT THIS FORM TO THE CSR/EVALUATOR TOGETHER WITH THE REQUIRED SUPPORTING DOCUMENTS

NAME (Family Name, First Name, Middle Name)

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PRESENT ADDRESS (No., Street, City/Municipality,Province) _____ TEL. NO. / CP NO. _____ TIN _____

NATIONALITY	SEX (M/F)	BIRTH DATE (YYYY/MM/DD)	HEIGHT (cm)	WEIGHT (kg)	LICENSE NUMBER

CIVIL STATUS (CS)	BIRTHPLACE (City, Municipality, Province)
<input type="checkbox"/> 1. SINGLE <input type="checkbox"/> 2. MARRIED <input type="checkbox"/> 3. WIDOWED <input type="checkbox"/> 4. SEPARATED	

LICENSE CLASSIFICATION APPLIED FOR (LCA)	DRIVING SKILL ACQUIRED FROM (FOR DL APPLICANTS ONLY)	HIGHEST EDUCATIONAL ATTAINMENT (EA)	FATHER'S NAME (Family Name, First Name, Middle Name) (indicate even if deceased)
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<input type="checkbox"/> 1 STUDENT-DRIVER'S PERMIT (SP) <input type="checkbox"/> 2 DRIVER'S LICENSE (DL) <input type="checkbox"/> 3 CONDUCTOR'S LICENSCE (CL)	<input type="checkbox"/> 1 DRIVING SCHOOL INSTRUCTOR _____ <input type="checkbox"/> 2 PRIVATE LICENSED PERSON with DL NO. NAME _____ <input type="checkbox"/> 3 TESDA INSTRUCTOR _____	___ POSTGRADUATE ___ COLLEGE ___ HIGH SCHOOL ___ ELEMENTARY	MOTHER'S NAME (Family Name, First Name, Middle Name) (indicate even if deceased) SPOUSE NAME (Family Name, First Name, Middle Name) (indicate even if deceased) EMPLOYER'S BUSINESS NAME _____ TEL. NO _____
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BLOOD TYPE	ORGAN DONOR	MEDICAL HISTORY						EYES COLOR	EMPLOYER'S BUSINESS ADDRESS
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ALL <input type="checkbox"/> HEART <input type="checkbox"/> EYES <input type="checkbox"/> LIVER <input type="checkbox"/> BONES <input type="checkbox"/> KIDNEYS <input type="checkbox"/> CORNEA <input type="checkbox"/> PANCREAS <input type="checkbox"/> LUNGS <input type="checkbox"/> SKIN							

TYPE OF APPLICATION (TOA)					EMERGENCY CONTACT PERSON
<input type="checkbox"/> A. NEW	<input type="checkbox"/> G. DUPLICATE	<input type="checkbox"/> I4. CHANGE BIRTH DATE	<input type="checkbox"/> H. DROPPING OF CATEGORY OR ADD'L OR REMOVAL OF DRIVING CONDITIONS	<input type="checkbox"/> I5. Others	
<input type="checkbox"/> B. RENEWAL	<input type="checkbox"/> I. REVISION OF RECORDS	<input type="checkbox"/> I1. CHANGE ADDRESS	<input type="checkbox"/> J. ENHANCEMENT OF DL	<input type="checkbox"/> K. CHANGE OF CLUTCH TYPE	
<input type="checkbox"/> C. CONVERSION OF FOREIGN DL	<input type="checkbox"/> I2. CHANGE CIVIL STATUS	<input type="checkbox"/> I3. CHANGE NAME	<input type="checkbox"/> I6. CHANGE OF ADDRESS	<input type="checkbox"/> I7. CHANGE OF CLUTCH TYPE	
<input type="checkbox"/> D. ADDITIONAL CODE OR CATEGORY					EMERGENCY CONTACT ADDRESS _____
<input type="checkbox"/> E. CHANGE OF DL CLASSIFICATION					EMERGENCY CONTACT NO. _____
<input type="checkbox"/> F. EXPIRED DL WITH VALID FDL					AGENCY CODE _____
					ISSUE DATE _____
					EXPIRY DATE _____

DRIVER'S LICENSE VEHICLE CATEGORY

EXISTING	APPLIED FOR	VEHICLE CATEGORY	SV	NON PRO	PRO	CLUTCH TYPE	
						AT	MT
<input type="checkbox"/>	<input type="checkbox"/>	A LIGHT MOTORCYCLE L1 Two wheels with a maximum design speed not exceeding 50 kph L2 Three wheels with a maximum design speed not exceeding 50 kph L3 Two wheels with a maximum design speed exceeding 50 kph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	A1 TRICYCLE L4 Motorcycle with side cars with a maximum design speed exceeding 50 kph L5 Three wheels symmetrically arranged with a maximum design speed exceeding 50 kph L6 Four wheels whose unladen mass is not more than 350kg with maximum design speed not exceeding 45 kph L7 Four wheels whose unladen mass is not more than 550kg with maximum design speed not exceeding 45 kph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	B M1 Vehicles used for the carriage of passengers and comprising not more than 8 seats in addition to the driver's seat with GVW up to 5000kgs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	B1 M2 Vehicles used for the carriage of passengers, comprising more than 8 seats in addition to the driver's seat with GVW up to 5000kgs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	B2 LIGHT COMMERCIAL VEHICLES N1 Vehicles used for the carriage of goods and having a GVW up to 3500kgs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	C HEAVY COMMERCIAL VEHICLES N2 Vehicles used for the carriage of goods and having a maximum GVW exceeding 3500kgs but not exceeding 12000kgs N3 Vehicles used for the carriage of goods and having a maximum GVW exceeding 12000kgs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	D BUSES, COACHES and OTHER PASSENGER VEHICLES M3 Vehicles used for the carriage of passengers, comprising more than 8 seats in addition to the driver's seat and having a maximum GVW exceeding 5000kgs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	BE ARTICULATED PASSENGER CARS - Vehicles with trailer GVW of no more than 3500kgs. O1 Trailers with a maximum GVW not exceeding 750kgs. O2 Trailers with a maximum GVW exceeding 750kgs, but not exceeding 3500kgs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	CE HEAVY ARTICULATED VEHICLES - Articulated Commercial Vehicles with trailer GVW of more than 3500kgs O3 Trailers with a maximum GVW exceeding 3500kgs, but not exceeding 10000kgs. O4 Trailers with a maximum GVW exceeding 10000kgs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONDITIONS

<input type="checkbox"/> 1 WEAR CORRECTIVE LENSES	<input type="checkbox"/> 2 DRIVE ONLY W/ SPECIAL EQUIPMENT FOR UPPER LIMBS/LOWER LIMBS
<input type="checkbox"/> 3 DRIVE CUSTOMIZED MOTOR VEHICLE ONLY	<input type="checkbox"/> 4 DAYLIGHT DRIVING ONLY <input type="checkbox"/> 5 HEARING AID IS REQUIRED

PREVIOUS NAME (Family Name, First Name, Middle Name)	TO BE ACCOMPLISHED BY LTO PERSONNEL ONLY
	THIS IS TO CERTIFY THAT I HAVE CAREFULLY EVALUATED THIS APPLICATION INCLUDING THE SUPPORTING DOCUMENTS

THIS IS TO CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT	BY SIGNING THIS FORM, I VOLUNTARILY AUTHORIZE LTO TO ALLOW DISCLOSURE OF THE ABOVE PERSONAL INFORMATION TO ANY AUTHORIZED GOVERNMENT AGENCY PRINTED NAME AND SIGNATURE _____	PRINT NAME AND SIGNATURE (EVALUATOR) _____
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ROAD TEST SCORE SHEET

<p>I HEREBY RELIEVE THE LTO AND ITS DULY AUTHORIZED REPRESENTATIVE OF RESPONSIBILITIES ARISING FROM ANY DAMAGE OR ACCIDENTS DURING THE CONDUCT OF THIS ACTUAL DRIVING TEST, SUCH AS, BUT NOT LIMITED TO THE FOLLOWING:</p> <p>1. STRIKING ANOTHER CAR 2. STRIKING A PEDESTRIAN 3. STRIKING ANY FIXED OBJECT</p> <p>4. IMPROPER ACTION CAUSING COLLISION OR NEAR COLLISION OF OTHER VEHICLE</p> <p>THE TEST WILL IMMEDIATELY BE DISCONTINUED AND COUNTED AS FAILURE.</p> <p style="text-align: center;">PRINT NAME AND SIGNATURE APPLICANT</p>				<p>NOTE: AN APPLICANT HAS 100 POINTS AT THE START OF THIS TEST. NUMBER OF POINTS IS DEDUCTED FOR ERRORS COMMITTED. PASSING SCORE IS 70. THE TEST WILL IMMEDIATELY BE DISCONTINUED AND COUNTED AS FAILURE UPON ACCUMULATION OF MORE THAN 30 DEMERIT POINTS.</p>									
				VEHICLE CATEGORY (REFER TO DRIVER'S LICENSE CLASSIFICATION)									
		PLATE NO.		PLATE NO.		PLATE NO.							
				TOTAL POINTS	DEMERIT WEIGHT	DEMERIT	TOTAL	DEMERIT	TOTAL	DEMERIT	TOTAL		
1. PRE DRIVING CHECK UP				10									
1.1 CHECK TIRES AND BATTERIES					2								
1.2 CHECK/CLEAN/ADJUST MIRRORS, LIGHT AND WINDSHIELD WIPER					2								
1.3 USE SEATBELT/HELMET					2								
1.4 CHECK HAND AND FOOT BRAKE					2								
1.5 DISENGAGE CLUTCH WHEN STARTING ENGINE					2								
2. DRIVING SKILLS				50									
2.1 STEERING		2.1.1	POSITION OF HANDS		2								
		2.1.2	SMOOTHNESS		2								
		2.1.3	TWO HAND GRIP		2								
		2.1.4	OVER STEERING		2								
2.2 ENGINE CONTROL		2.2.1	USE OF GEAR		2								
		2.2.2	CHOOSE OF GEARS		2								
		2.2.3	USE OF CLUTCH		2								
2.3 USE OF BRAKES		2.2.4	USE OF ACCELERATOR		2								
		2.3.1	APPLY SMOOTH BRAKING		3								
		2.3.2	REACTIONS TO HAZARDS		3								
2.4 SPEED CONTROL		2.3.3	VEHICLE TURNING		3								
		2.4.1	OBSERVANCE OF SPEED LIMIT		3								
		2.4.2	NEEDLESS STOPS		2								
2.5 TURNING LEFT, TURNING RIGHT AND U-TURN		2.4.3	OBSERVANCE TO TRAFFIC RULES		4								
		2.5.1	TAKES PROPER LANE		2								
		2.5.2	SIGNAL INTENTION		2								
2.6 BACKING		2.5.3	USE OF HAND AND LIGHT SIGNAL		2								
		2.5.4	SWINGS TO WIDE AND CUTS TOO SHORT		4								
		2.6.1	NUMBER OF ATTEMPTS		2								
2.7 PARKING		2.6.2	CONTROL OF VEHICLE/ TRAILER		2								
		2.7.1	NUMBER OF ATTEMPTS		2								
3. OBSERVANCE TO TRAFFIC RULES				40									
3.1 RIGHT OF WAY TO OTHER VEHICLES		3.1.1	WHILE APPROACHING INTERSECTION		5								
		3.1.2	IN CHANGING LANES		3								
		3.1.3	IN PASSING/BEING PASSED		3								
3.2 STOP LIGHTS/ SIGNALS & OTHERS		3.2.1	OBEY TRAFFIC SIGNS		4								
		3.2.2	POSITION AFTER STOPPING		4								
		3.2.3	MAKING FULL STOP WHEN NECESSARY		2								
		3.2.4	ANTICIPATING BEFORE SIGNAL CHANGES		3								
		3.2.5	EXERCISE DUE CARE FOR PEDESTRIAN		3								
3.3 RIGHT OF WAY		3.3.1	FOR OTHER VEHICLES		3								
		3.3.2	FOR PEDESTRIAN		3								
		3.3.3	FOR EMERGENCY		3								
		3.3.4	YIELDING OF RIGHT OF WAY		2								
		3.3.5	FOR BICYCLIST		2								
TOTAL				100	100								
DRIVING SKILLS RATER		DATE		CHIEF PRACTICAL EXAMINER				APPROVED CATEGORY		APPROVED CATEGORY		APPROVED CATEGORY	
								VEHICLE CATEGORY	AT <input type="checkbox"/> MT <input type="checkbox"/>	VEHICLE CATEGORY	AT <input type="checkbox"/> MT <input type="checkbox"/>	VEHICLE CATEGORY	AT <input type="checkbox"/> MT <input type="checkbox"/>
PRINT NAME/SIGNATURE		PRINT NAME/SIGNATURE											
COMMENTS / RECOMMENDATION					RECOMMENDED VEHICLE CATEGORY/IES			APPROVED / DISAPPROVED HEAD OF LICENSING CENTER					
								PRINT NAME/SIGNATURE					

note : Provide another form if needed.