

# FORM 17 B



## NEW PUBLIC TRANSPORT DRIVER'S APPLICATION FORM

LIMOUSINE DRIVER  OMNI BUS DRIVER  WATERSPORTS DRIVER   
TOUR BUS DRIVER  CONTRACT HIRE/SCHOOL BUS DRIVER

### A. TYPE OF PERMIT

NAME OF COMPANY \_\_\_\_\_

### B. PERSONAL DETAILS OF APPLICANT

SURNAME: \_\_\_\_\_ FIRSTNAME: \_\_\_\_\_ MIDDLENAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

House No: \_\_\_\_\_ Street Name \_\_\_\_\_ District \_\_\_\_\_

P.O. BOX: \_\_\_\_\_ Post Office Location, KY# \_\_\_\_\_ E-Mail \_\_\_\_\_

PHONE: \_\_\_\_\_ (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

ARE YOU: Caymanian? Yes  No  Permanent Resident? Yes  No  Gainful Occupation License? Yes  No   
(Work Permit Holder)

If you are not Caymanian, specify your nationality: \_\_\_\_\_

Are you currently employed? Yes  No . If Yes, state name of your employer \_\_\_\_\_ Ph. # \_\_\_\_\_

**(GOVERNMENT EMPLOYEES MUST PROVIDE AN ANNUAL PERMISSION LETTER FROM THEIR HEAD OF DEPARTMENT)**

If No, state name of your last employer \_\_\_\_\_ Phone # \_\_\_\_\_

I \_\_\_\_\_ Address \_\_\_\_\_ Of \_\_\_\_\_ Hereby Acknowledge That I  
Name of Employer PO Box & KY# of Employer Company Name

Wish to Employ \_\_\_\_\_ As A Driver For My Business. A Copy Of My Trade & Business License Is Attached.  
Name of Employee

SIGNATURE \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
Signature of Employer

### C. DETAILS OF APPLICANTS BACKGROUND (All applicants must complete this section)

*Section 133 (1)(c) & 4 of the Traffic Law 2011 states:-*

*“(1) A person who, with intent to deceive another person -*

*(c) makes a false statement or withholds information in order to obtain; or a document relating to anything under this Law or regulations, or purporting to be such document, commits an offence.*

*(4) A person who makes a false declaration in an application made under this Law commits an offence.”*

Have you been convicted or currently under any investigations for any of the following offences?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Driving under the influence of alcohol or drugs?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Any offence involving dishonesty (e.g. theft, burglary, Fraud or obtaining property by deception)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Any offence against a person (e.g. assault, wounding etc.)?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Any offence involving drugs?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Any offence involving dangerous or reckless driving (whether or not resulting in death)?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### D. Have you ever suffered from any of the following disabilities?

Total deafness? Yes  No  Aneurysm? Yes  No  Angina Pectoris? Yes  No

Mental illness? Yes  No  Epilepsy? Yes  No  Do you wear glasses? Yes  No

Is your eyesight, in either eye less than 10/20 when corrected with glasses? Yes  No

Do you wear a hearing aid? Yes  No  Have you lost a hand or foot? Yes  No  If yes, please specify

Any diseases of the nervous system giving rise to lack of coordination? Yes  No

**E. OTHER INFORMATION**

- 1) Have you ever held a Public Transport Permit? Yes  No . If yes, please specify any Permit you currently hold:  
\_\_\_\_\_
- 2) How long have you held a valid drivers license? State D/L #: \_\_\_\_\_, expiry date: D \_\_\_ M \_\_\_ Y \_\_\_ Group D/L \_\_\_\_\_  
State years of driving experience: \_\_\_\_\_
- 3) Have you attended a P.R.I.D.E. (Personal Responsibility in Delivering Excellence.) workshop? YES  NO . If yes,  
Please provide date: PROMISES \_\_\_\_\_ KNOW YOUR CAYMAN ISLANDS \_\_\_\_\_
- 4) Please state details of your pension Company \_\_\_\_\_ Policy # \_\_\_\_\_
- 5) Please state details of your Health Insurance Company, \_\_\_\_\_ Policy # \_\_\_\_\_ Expiry Date: D \_\_\_ M \_\_\_ Y \_\_\_
- 6) Have you previously made an application to the Public Transport Board and were refused/revoked? Yes  No . If so please provide dates/s \_\_\_\_\_
- 7) For renewals, state your Public Transport ID # \_\_\_\_\_ Expiry Date: Day \_\_\_ Month \_\_\_ Year \_\_\_\_\_

**F. MOTOR VEHICLES you are required to DRIVE (Add additional vehicles on plain sheet if needed)**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Reg. No: \_\_\_\_\_ Number of Passengers: \_\_\_\_\_  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Reg. No: \_\_\_\_\_ Number of Passengers: \_\_\_\_\_

**G. DOCUMENTS (CHECK LIST) TO BE SUBMITTED WITH THIS APPLICATION. ORIGINAL DOCUMENTS ONLY. (Please make copies of your documents before submission). PTU will NOT make copies/ will NOT return original documents.**

<p><b>FOR OFFICIAL USE ONLY</b> SUPPORTING DETAILS FOR THE APPLICANT</p> <p>1. PAYMENT RECEIPTS</p> <p>2. GENERAL KNOWLEDGE TEST</p> <p>3. TYPED COVER LETTER</p> <p>4. TWO REFERENCE LETTERS</p> <p>5. PASSPORT</p> <p>6. VALID DRIVERS LICENSE</p> <p>7. BIRTH CERTIFICATE</p>	<p>8. STATUS CERTIFICATE</p> <p>9. TRAFFIC RECORD</p> <p>10. CRIMINAL RECORD / POLICE RECORD</p> <p>11. MEDICAL – (Drug Screening MUST be done at the Cayman Islands Health Service Authority (CIHSA) ONLY)</p> <p>12. ONE PHOTO (FULL FACED 2" X 3")</p> <p>13. INFORMATION FROM NWDA (Employers Only)</p> <p>14. TRADE AND BUSINESS LICENCE (Employers Only)</p> <p>15. PRIDE CERTIFICATES</p>
<p><b>APPLICATION ACCEPTED</b></p> <p>PTU OFFICER'S SIGNATURE _____</p> <p>PRINT NAME: _____</p> <p>Day ___ Month ___ Year _____</p>	<p><b>APPLICATION RETURNED. INCOMPLETE SECTION:</b></p> <p>( _____ )</p> <p>PTU SIGNATURE _____</p> <p>Day ___ Month ___ Year _____</p>

**DOCUMENTATION TO SUPPORT DRIVERS APPLIED FOR**

This should include the proper application form for the driver and the documentation required for the application.  
 NOTE: GRANT OF THIS APPLICATION IS NOT TO BE CONSIDERED AS PERMISSION TO OPERATE FROM THE DOCK OR THE AIRPORT.

**I DECLARE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE. I UNDERSTAND THAT IF I AM SUCCESSFUL IN THIS APPLICATION THAT I WILL BE SUBJECT TO ANY GUIDELINES AND CONDITIONS SET OUT BY THE PUBLIC TRANSPORTATION BOARD IN RELATION TO ANY PERMIT GRANTED BY THE BOARD, DOCK OR AIRPORT.**

**I have read and fully understand all correspondence issued with this application. I fully understand that I will be required to pass a test administered by the Public Transportation Unit and if successful in this application I will be required to undertake a Customer Service Course.**

**A FALSE DECLARATION IS PUNISHABLE BY A FINE OF TWO THOUSAND DOLLARS AND IMPRISONMENT FOR TWELVE MONTHS: S.133 T.L. (2011)**

Print Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (DD/MM/YY)

Please Note: All funds invested in the application are **NONE REFUNDABLE**  
 To Cayman Brac and Little Cayman residents: Application process is carried out by the Treasury Department.

**Notice to Doctor:**

**Request to have person medically examined for fitness to drive.**

**NOTE:** It is particularly to be observed that in cases of doubt in regards to applicants; the interest of the public should have precedence over the interest of the applicant.

To : \_\_\_\_\_  
<Name of Medical Doctor or personal Doctor of the subject>

**From:** Director of Public Transport Unit

Date: \_\_\_\_\_

I hereby request that you examine:

Name	Date of birth	Address

This examination is required to determine this subjects' suitability to drive public transportation vehicles such as taxis.

In making your determination as to this person's suitability to drive, you should be aware of the following facts/circumstances giving rise to requiring this medical examination:

- Annual Renewal
- Unexplained motor vehicle accidents.
- Observations of poor/erratic driving
- The age of the subject
- Other: \_\_\_\_\_

**NOTES TO DOCTOR:**

1. WHERE EXAMINATIONS RELATES TO PUBLIC TRANSPORT, THE EXAMINATION SHOULD INCLUDE FITNESS TO ASSIST CUSTOMERS (I.E. LIFTING BOXES, LUGGAGE ETC.) AND GENERAL ALERTNESS (TO DEAL WITH DIRECTIONS ETC).
2. **THIS MEDICAL REPORT SHOULD BE SEALED IN AN ENVELOPE** AND RETURNED VIA THE SUBJECT.
  - Kindly use the "**MEDICAL CERTIFICATE OF FITNESS TO DRIVE A MOTOR VEHICLE**" form (*see the overleaf of this request*) to report your findings.

**Your report should be sealed and returned promptly to the Public Transport Director.**

**For Director of Public Transport Unit**

<p><b>Declaration:</b> I, _____ hereby authorize _____ to  <small>(Name of Examining Doctor)</small>          release this medical information to the Director of Public Transport Unit For the purposes of the Traffic Law (2011) and the Public Passenger Vehicles Regulations (2014 Revision).</p> <p>_____          Signature of Person Examined</p>
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**FORM 18**

**MEDICAL CERTIFICATE OF FITNESS TO DRIVE A MOTOR VEHICLE**

TRAFFIC (PUBLIC PASSENGER VEHICLES) REGULATIONS (2014 REVISION) SECTION 4 (2)(g)

To: Director of Public Transport Unit, P.O. Box 10432 GT, Grand Cayman KY1-1004 Tel: 946-1323: Fax: 949-5801

From: \_\_\_\_\_ Date of Examination: \_\_\_\_\_  
 <Name of Examining Doctor>

I certify that I have examined:

Name of Person Examined	Date of Birth	Address
	D      M      Y	

**Examination Results**

ISSUE OF EXMANIATION	YES	NO
EYESIGHT (standard not less than 10/20)?		
EYE- GLASSES REQUIRED?		

ISSUE OF EXMANIATION	RESULTS OF EXAM
RIGHT EYE	
LEFT EYE	

ISSUE OF EXMANIATION	YES	NO
EARS/HEARING		
HEARING AID/S REQUIRED?		

ISSUE OF EXAMINATION	RESULT OF EXAM
RIGHT EAR	
LEFT EAR	
EQUILIBRIUM/BALANCE	

ISSUE OF EXMANIATION	YES	NO
1. <b>CARDIO VASCULAR SYSTEM</b> - Is the subject suffering from any disease or cardiovascular condition which renders him or her unfit or u him or her unsafe to drive a motor vehicle?		
2. <b>MENTAL DISEASE OR DISABILITY</b> - Is the subject suffering from any disease or condition of the mind that renders him or her unfit or unsafe to drive a motor vehicle?		
3. Is this individual, subject to sudden loss of consciousness, due to any disease or condition?		
i) If yes, specify and say whether this is adequately controlled at this time:		
4. Is this individual subject to EPILEPSY, FITS or any other disease, of similar effect?		
5. Does the subject suffer from aneurysm or angina pectoris or other disease of similar effect?		
i) If yes, specify and say whether this is adequately controlled at this time.		
6. Has this subject lost an arm/hand or leg/foot?		
i) If yes, specify which has been lost?		
ii) Does it affect his ability as a driver?		
Specify if the drug screening is positive or negative. <b>If positive, explain:</b>		
7. Addiction to alcohol / illicit drug use or dependency?		
i) If yes, specify and say whether the addiction or dependency affects the individual's suitability as a driver.		
8. Is this individual taking any medication that would have any effect on his/her behaviour or driving while conducting business for hire and reward?		
Doctors remarks regarding other serious disorders or any other issues which he/she would wish to bring to the Director of Public Transport Unit attention regarding the suitability of this subject as a driver:		

**Doctor's Certificate**

I \_\_\_\_\_, confirm that I have read the memo from the Director of Public Transport Unit contained over leaf.

I certify that in my opinion the above-named person, examined by me on D \_\_\_\_M \_\_\_\_Y \_\_\_\_

is:  **FIT** to drive  **UNFIT** to drive a Public Transport Vehicle (i.e. a taxi, a tour bus, an omnibus, a water sports vehicle, a school bus or a limousine) or  has been **referred to:** \_\_\_\_\_ for the purpose of \_\_\_\_\_.