

## Driver Renewal Application 18 B



<input type="checkbox"/> <b>Omnibus</b>	<input type="checkbox"/> <b>Watersports</b>	<input type="checkbox"/> <b>Limousine</b>
<input type="checkbox"/> <b>Taxi</b>	<input type="checkbox"/> <b>Tour</b>	<input type="checkbox"/> <b>Contract Hire/School Bus</b>

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

ID #: \_\_\_\_\_ EXP: \_\_\_\_\_ AGE: \_\_\_\_\_ Nationality: \_\_\_\_\_

Driver's License: Expiry Date D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_ . Group D/L \_\_\_\_\_

**ONLY IF CHANGED:**

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

Mailing Address; P.O. Box \_\_\_\_\_ KY1- \_\_\_\_\_

Contact: (Cell) \_\_\_\_\_ (work) \_\_\_\_\_ (email) \_\_\_\_\_

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: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

F. DOCUMENTS (CHECK LIST) TO BE SUBMITTED WITH THIS APPLICATION. ORIGINAL DOCUMENTS ONLY. PTU Will not make copies

**FOR OFFICIAL USE ONLY** Supporting Documents For The Applicant

<input type="checkbox"/> 1. ID Payment Receipt <input type="checkbox"/> 2. Application Payment Receipt <input type="checkbox"/> 3. Valid Driver's License <input type="checkbox"/> 4. Copy of Current PR / Gainful Occupation License <input type="checkbox"/> 5. Criminal Record / Police Record <input type="checkbox"/> 6. Traffic Record	<input type="checkbox"/> 7. Medical – (Drug Screening Must Be Done At The Cayman Islands Health Service Authority (CIHSA) Only) <input type="checkbox"/> 8. One Photo (Full Faced 2" X 3") – if ID photo older than 3 years <input type="checkbox"/> 9. Pride Certificates <input type="checkbox"/> 10. Trade And Business License (Employers Only)
<b>APPLICATION ACCEPTED</b> PTU OFFICER'S SIGNATURE _____  PRINT NAME: _____  Day ____ Month ____ Year ____	<b>APPLICATION RETURNED. INCOMPLETE SECTION:</b> ( _____ )  PTU SIGNATURE _____ Day ____ Month ____ Year ____

**DOCUMENTATION TO SUPPORT DRIVERS APPLICATION** as required by the Public Transport Act 2024 and the Traffic (Public Passenger Vehicles) Regulations (2020 Revision).

**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. 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.**

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

Funds invested in the application are **NON 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.

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

**Declaration:** I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ to  
(Name of Examining Doctor)  
release this medical information to the Director of Public Transport Unit For the purposes of the Public Transport Act (2024)  
and the Traffic (Public Passenger Vehicles) Regulations (2020 Revision).

\_\_\_\_\_  
Signature of Person Examined

**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.

# FORM 19

## MEDICAL CERTIFICATE OF FITNESS TO DRIVE A MOTOR VEHICLE

TRAFFIC (PUBLIC PASSENGER VEHICLES) REGULATIONS (2020 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 EXAMINATION	YES	NO
EYESIGHT (standard not less than 10/20)?		
EYE- GLASSES REQUIRED?		

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

ISSUE OF EXAMINATION	RESULTS OF EXAM
RIGHT EYE	
LEFT EYE	

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

ISSUE OF EXAMINATION	YES	NO
1. CARDIO VASCULAR SYSTEM - 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. MENTAL DISEASE OR DISABILITY - 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:		
b		
c		
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. If positive, explain:		
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\_\_\_\_

SIGNATURE \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ is: ☐ **FIT** to drive

Medical Examiner

☐ **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