

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. Public Transport Act 2024 section 15. Have you been convicted of any of the following offences (All applicants must complete this section)

- | | | |
|---|------------------------------|-----------------------------|
| 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.**

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

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.

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.**

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 authorise _____ 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 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.

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 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. 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?		
9. Angina Pectoris?		
10. Any diseases of the nervous system giving rise to lack of coordination?		
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 of _____

Medical Examiner

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 _____