

FORM LTA
FORM OF APPLICATION FOR AUTHORISATION TO DRIVE A TRANSPORT VEHICLE
[See Rule 6]

To

The Licensing Authority,
.....

I apply for an authorization to drive a Transport Vehicle.

My age on the date of this application is.....

I forward herewith the driving licence held by me (No.....
dated) issued by the Licensing Authority of.....
.....

Name of Applicant (in block letters or clear :
script)

Present address :
.....
.....
.....

Date:.....

Signature or thumb impression of applicant

Kerala Motor Vehicles Department