Please paste one copy of stamp size coloured photo here.
Do not staple.

BRTA

Instructions for Completing this Application

1. Items 1-19 must be completed by all applicants.
2. Renewal applicants must additionally complete items 20-23, and attach a copy of existing licence to this application.
3. This form must be completed using block letters.
4. This form must not be folded, and should not have ink marks.
5. Two copies of this form must be submitted, with a stamp size coloured photograph pasted onto each form.

FORM FOR COMPUTERIZED DRIVING LICENCE

1. **Licensing Authority BRTA**

2. **Name**

3. **Father's Name**

4. **Mother's Name**

5. **Husband's Name (**Applicable for married women only**)**

6. **Permanent Address**

7. **Present Address** (If different from permanent address)

8. **Nationality**

9. **Date of Birth** DD MM YYYY

10. **Blood Group**

11. **Gender** ☐ Male ☐ Female

12. **Phone Number**

13. **Marital Status** ☐ Married ☐ Unmarried ☐ Widowed

14. **Type** ☐ Professional ☐ Non-Professional

15. **Class of Vehicle** (Tick more than one, if applicable) ☐ Heavy ☐ Medium ☐ Light ☐ Motor cycle ☐ Three wheeler ☐ PSV ☐ Other

16. **Declaration**

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to rejection of my application or to the annulment of licence already granted and may also render me liable to prosecution under the law of Bangladesh which deals with this application.

17. **Date** DD MM YYYY

18. **Signature of applicant**

19. **Applicant's thumb impression**

To Be Filled In By The Applicant Already Holding A Driving Licence

20. **Most Recent Licence Number**

21. **Date of Issue** DD MM YYYY

22. **Date of Expiry** DD MM YYYY

23. **Issuing Authority**

For Office Use Only

Reference Number

Date DD MM YYYY

Register Number

Page Number

DCTB

Date of DCTB DD MM YYYY

Serial No.

Expiry Date DD MM YYYY

Verifier's Name and Designation

Verification Date DD MM YYYY

Signature of Verifier

Authorization Date DD MM YYYY

Signature of L. Authority

Name of Licensing Authority

District Name

New Licence Number

Printing Date DD MM YYYY

Signature of Vendor